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ABSTRACT

This journal provides abstracts of 150 documents included in the data base of Project SHARE, a national clearinghouse for improving the management of human services. These documents are on subjects of concern, interest, and importance to those responsible for the planning, management, and delivery of human services, including health services, administration, counseling services, employment services, personnel management, vocational rehabilitation, services for the elderly and disabled, and day care. Abstracts, arranged in alphabetical order by author, include this information: title, publication date, number of pages, order number, availability, and a summary of content. Other parts of the journal are an alphabetical list of corporate authors, alphabetical list of document titles, and a subject index. The index is a guide to the abstracts by specific subject category with cross-references from synonyms to preferred terms. (YLB)

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PROJECT SHARE

A National Clearinghouse for Improving the Management of Human Services

CE 033 624

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Preface

About This Journal

The *Journal of Human Services Abstracts* is published quarterly by Project SHARE, a National Clearinghouse for Improving the Management of Human Services. Project SHARE acquires, evaluates, stores, and makes available a broad range of documentation on subjects of concern, to those responsible for the planning, management, and delivery of human services. Project SHARE is operated for the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, by Aspen Systems Corporation.

Each *Journal* announces 150 of the documents included in the Project SHARE automated data base. Additional documents acquired by SHARE are published in bibliographies on selected topics. The documents announced in SHARE's publications are restricted to those documents actually acquired by Project SHARE and are not meant to provide comprehensive coverage of the field.

How To Use This Journal

The *Journal of Human Services Abstracts* is divided into four parts: the abstracts themselves, arranged in alphabetical order by author; an alphabetical list of corporate authors; an alphabetical list of documents; and a subject index. The index provides a timesaving guide to the abstracts by specific subject category. The categories will be listed alphabetically and will include cross-references between conceptually related index terms and cross-references from synonyms to the preferred terms. These are not to be confused with the document accession and ordering numbers which appear at the left of the last line of each citation (see example below).

Service delivery via telecommunications
312
Service outcome evaluation
313,360,388,389
Service system operations (evaluation of)
See Evaluation of service system operations
Services re abuse/neglect
428
Services re foster family care
313,357,365,406
Services re substitute living/residential arrangements
306,393,415
Services (reorganization of)
See Reorganization of human services
Sheltered employment services
361,396
Shelters for abused spouses
364

As can be seen, one document is relevant to at least one of the subject categories — abstract number 365.

(Sequential abstract no.) **365.** Illinois Dept. on Aging, Springfield. Div. of Planning
Family Support Program: Project Report.
Nov 81, 21p
(Order number) **SHR-0009081** Available from NTIS, PC $6.00/MF $4.00

In the above examples we see that abstract 365, entitled *Family Support Program: Project Report,* was written by the Illinois Dept. on Aging, that the report was published in November 1981, that it is 21 pages long, and that it costs $6.00 for a paper copy (PC) and $4.00 for a microfiche (MF) copy. The availability statement indicates that it is obtainable from the National Technical Information Service. If the document were available from Project SHARE or a private publisher, the statement would say "Project SHARE" or give another source and the address. The actual abstract of the document would immediately follow these citation data.

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Reference products are mainly in two formats. The first is a set of computer outputs which contain standard bibliographic information in all cases and document abstracts in most others. Additionally, the user may receive handwritten citations amnd personal referrals developed by the reference staff.

Reference requests may be initiated by calling or writing Project SHARE.

A Note to Readers

Any questions, comments, or criticisms you may have concerning the *Journal of Human Services Abstracts* or Project SHARE should be addressed to Ms. Eileen Wolff, Project Officer, at the following address:

Project SHARE
P.O. Box 2309
Rockville, MD 20852
(301) 251-5170

Abstracts

301. Albuquerque Urban Observatory, NM.
Human Services Needs Assessment for the City of Albuquerque.
Apr 81, 148p
SHR-0009118 Available from Survey and Policy Research Program, School of Architecture and Planning, University of New Mexico, Albuquerque, NM 87131.

This needs assessment report for the City of Albuquerque, N. Mex., covers the following human service areas: neighborhood quality, personal and property crime, police protection, employment (including teenage employment), child care, transportation, nutrition, family and neighborhood problems, physical and dental health, and housing. A total of 4,250 persons were interviewed in November and December 1980. These persons represented a random sample of individuals 18 years of age and older living in households in the city. Results indicate that adult residents are very satisfied with their neighborhoods, although air pollution and inadequate local recreational facilities were identified as problems. Many residents had their property either stolen or vandalized in the past 5 years and consider their parks and streets unsafe at night. They expressed satisfaction with police services and dissatisfaction with child care services available to those with children. Few people are without automobiles as their means of transport, and few (4 percent) receive food stamps. Loneliness among the elderly was identified as a major or moderate problem by about one-third of the respondents. Youth drug abuse and alcohol abuse was deemed a major or moderate problem. About 1 in 10 respondents had serious illnesses or diseases that caused them to give up usual daily activity and about one-fifth lived in poorly insulated dwellings. The survey questionnaire, the needs assessment input, and problem areas for input are appended. Tables are included. Author abstract modified.

302. Aldridge, Susan Cockings.
Denver Regional Council of Governments, CO. Office on Aging.
Area Plan on Aging Services: To Promote a Comprehensive and Coordinated System of Services to Older Persons in Colorado.
1 Sep 81, 237p
SHR-0009005 Available from Denver Regional Council of Governments, 2480 West 26th Avenue, Suite 200B, Denver, CO 80211.

Intended as a statement of social policy and a guide for future action, this plan provides data on the needs of the elderly in the Denver, Colo., region; summarizes resources available to meet these needs; and analyzes problems in several service areas. A summary of the goals for the 3-year plan—October 1979 through September 1982—is presented. The report then describes the geographic, demographic, and human services resources in the Colorado Planning and Management Region III, which includes Adams, Arapahoe, Boulder, Clear Creek, Denver, Douglas, Gilpin, and Jefferson counties. Also covered are the organization of the Denver Regional Council of Governments (DRCOG) Office on Aging, administrative objectives for each year, and the process employed to develop the plan. The following components of the service delivery system are examined: health and medical care, housing and home repair, income and employment, information and assistance, legal assistance for the elderly, nutrition, and transportation. The needs of older persons based on surveys of the elderly in the region and resources to address these needs are detailed for each service area. In this context, major Federal programs that fund service agencies as well as public and private services are identified. Gaps and barriers to service delivery are also examined. The discussion of miscellaneous services considers educational and recreational opportunities for the elderly. Finally, specific action steps that will be undertaken by the DRCOG Office of Aging to meet its goals by 1982 are described. For example, a data system

on the condition of older persons in the region will be developed, alternative funding sources will be explored, and contracts for in–home services will be awarded to local agencies. The plan lists specific services to be funded in fiscal year 1982 and outlines a schedule for assessing and evaluating Older Americans grants. Tables, graphs, and a glossary are included.

303. Alexander, Sharon J.
National Association of State Boards of Education, Washington, DC.
How To Be an Effective Advocate.
1981, 63p
SHR-0009191 Available from National Association of State Boards of Education, 444 North Capitol Street NW, Suite 526, Washington, DC 20001.

This manual presents principles and techniques for developing and sustaining an advocacy effort. The guidelines are based on a review of the limited amount of literature on the subject and on interviews with experienced advocates and such decisionmakers as politicians, board members who set policy, and agency administrators. The terms lobbying and advocacy are used interchangeably in the monograph. Although illustrations related to reproductive issues and adolescents are used in the text, the information presented applies to advocacy in other human service fields as well. The initial steps in organizing an advocacy effort are explained, starting with the establishment of goals by assessing the current reality and the desired situation, generating ideas on what could be done and what resources are involved, and choosing priorities for action. The importance of analyzing the system being approached, including the legislative process, the actors, and the crucial decisionmakers, is also emphasized. Steps in building a relationship with a decisionmaker are outlined, including sending information about the cause, offering to provide related information, commending the decisionmaker for actions that the lobbyist approves, spending time with the decisionmaker through public meetings or volunteer work, and contributing money to campaigns. Guidelines for effective letters, telephone calls, telegrams, and personal visits are given. The use of the media through press releases, press conferences, editorials, human interest stories, news programs and talk shows is explained. Ways to respond to difficult questions from reporters and to deal with negative media coverage are outlined. A discussion of techniques for activating a network explains the identification of a core group and the larger network, the initiation of network activities, training for action, lobbying strategies for networks, and ways to avoid the pitfalls of advocacy networks. A successful effort in Houston, Tex., to educate the general public about the magnitude and impact of teenage pregnancy on the community is described. A bibliography listing 24 references, and appendices discussing the legislative process, tax rules for lobbying by charitable organizations, the use of telegrams, and related topics are provided.

304. Alexander, Sharon J.
National Association of State Boards of Education, Washington, DC.
Suggested Services and Policies Related to Adolescent Parenthood: A Report of the Adolescent Parenthood Project.
1981, 104p
SHR-0009192 Available from National Association of State Boards of Education, 444 North Capitol Street NW, Suite 526, Washington, DC 20001.

This monograph describes the services and policies needed by pregnant adolescent parents in view of statistics showing that in the past 15 years the proportion of teenage mothers who decide to raise their children themselves has risen from 10 percent to 90 percent. Services for adolescents who are at risk of pregnancy are also considered. Agencies and organizations interested in providing services to these adolescents are urged to consider the following

program components: (1) services providing such basic personal necessities as food and clothing, (2) physical health services, (3) services related to social and emotional adjustment, (4) services designed to prevent abuse or neglect, (5) activities that enhance adolescents' positive self–concepts, (6) general education, (7) employment training and job placement, (8) legal assistance, and (9) program management activities such as outreach and staff training. The steps required for implementing services are explained including assessing needs, identifying resources, setting priorities and objectives, outlining the services, enlisting support, acquiring resources, fostering community support, and implementing the program. State policies are suggested to address the coordination of intra–agency and interagency efforts, the selection and responsibilities of agency staff, the development of both general and specific services, the collection and dissemination of data, and program evaluations. The steps involved in implementing a policy are outlined. The major steps involved in initiating and managing collaboration between agencies are described and illustrated with six case examples. Tables, footnotes, nine references, and appendices presenting the study on existing programs and an example of a State interagency agreement are provided.

305. Allen, K. Kenn; Dutton, John L.; Manser, Gordon; Peterson, Linda J.; and Rydberg, Wayne D.
Aid Association for Lutherans, Appleton, WI.
Shape of Things to Come: 1980-1990. A Report From the National Forum on Volunteerism.
1980, 20p
SHR-0009171 Available from the National Center for Citizen Involvement, PO Box 1807, Boulder, CO 80306.

The future of volunteering in the 1980's is examined through discussions by a panel of experts of the critical environmental factors that volunteers must understand in their planning efforts. These factors include citizens' attitudes and values, citizen empowerment, inflation, energy shortages, demographics and lifestyles, corporate and union involvement, funding and leadership resources, barriers to volunteering, the government role, and work experience. The panelists concluded that while some of these factors were clearly dominant, such as citizen attitudes and values, empowerment, the nature of the volunteer community, and the government role, none can be said to stand alone. Rather, the factors are interrelated and must be considered as a whole when attempting to understand the environment within which the volunteer community exists. Panelists suggest that volunteering is a basic ingredient of a democracy, that politicians who understand the volunteer movement be supported, that volunteering is a route to empowerment, and that volunteerism in the 1980's will surmount its many challenges. This report resulted from the National Forum on Volunteerism, held on April 18-19, 1980.

306. American Public Welfare Association, Washington, DC.
Evaluating Federal Budget Cuts in Human Services.
1981, 62p
SHR-0009239 Available from American Public Welfare Association, 1125 Fifteenth Street NW, Washington, DC 20005.

This handbook presents a system for evaluating the impacts of the 1981 Federal funding cutbacks on the core human service programs: Aid to Families with Dependent Children, child support enforcement, Medicaid, low–income energy assistance, food stamps, and social services. The cutbacks were enacted through the Omnibus Reconciliation Act of 1981. The manual is intended for use by administrators, supervisors, caseworkers, legislators, policy analysts, planners, and citizens. The description of the evaluation framework identifies five areas in

which evaluations should focus: budget impact, client impact, provider impact, agency and staff impact, and community impact. The four steps recommended in an evaluation include documenting the program changes as implemented by the State or locality, determining the likely impact of the changes, establishing an historical baseline showing the program's characteristics before the change took effect, and measuring the changes that are taking place. Use of both "hard data" on numbers and types of people served and program costs and "impressionistic data" from interviews, observations, and reviews of documents is recommended. Basic evaluation questions that should be raised for all types of programs and specific changes mandated for each of the core programs are presented. For example, evaluators should determine whether Federal budget cuts were passed on to recipients in the form of service reductions or whether they were offset by increases in State and local expenditures. Specific program changes mandated by the Federal legislation include numerous changes in eligibility requirements for the Aid to Families with Dependent Children program, the allowing of competitive bidding by States for laboratory services and medical devices for their Medicaid caseloads, and an increase in gross income limit for food stamp eligibility.

307. Aron, Nan.
Center for Responsive Governance, Washington, DC.
Financing Public Interest Advocacy.
30 Oct 80, 25p
SHR-0008888 Available from Center for Responsive Governance, Publications, 1100 17th Street NW, Suite 313, Washington, DC 20036.

Possible sources of current and future funding for public law firms and the implications of these sources for the work of such organizations are outlined. While the growth in the number of public law centers since the 1960's has been enormous, the income to support the organizations has increased only slightly because of such factors as recession, inflation, reduction in overall foundation funding, and a sharp counterattack from business groups. Major funding sources include foundations, which tend, however, to prefer programs with a national rather than local constituency and to avoid controversial areas; public contributions, which are no longer a leading source of public interest monies and which are not likely to benefit the disabled, prisoners, generalist public interest law firms, and smaller groups; and the government, which is the leading contributor to public interest law but which grants money only for a limited time and which generally will not fund actual litigation efforts. Attorneys' fees are an increasingly important money source; unfortunately, attorneys' fees for public interest lawyers have been assessed by judges at unfairly low rates. While the private bar has enormous resources at its disposal, the bar has been reluctant to fund public interest law. Other possible funding sources are affiliations with law schools, the membership of law school foundations, and private law firms. The high rate of inflation anticipated for the 1980's is likely to preclude real dollar giving to public interest law. But corporate sources are expected to become more attractive, if the danger of corporate control over public law activities can be kept to a minimum. The threat from aggressive business-oriented public interest law firms founded by corporations will have to be countered by coalitions of existing public law groups. Commentators offer suggestions on funding sources. Monthly Seminar Series MSS-80-10.

308. Association for the Developmentally Disabled, Columbus, OH.
Community Acceptance of Group Homes in Ohio.
1981, 29p
SHR-0009203 Available from Association of Developmentally Disabled, 1395 West 5th Avenue, Columbus, OH 43212.

This report assesses the effectiveness of the Community Education Model, developed by the Association for the Developmentally Disabled in Ohio, to improve its success in establishing group homes for the disabled in new neighborhoods. It explains why community residents opposed group homes for mentally retarded people and what tactics are useful to group home operators in reducing that objection. Questionnaires were administered to group home operators and supporters (including the disabled) and to neighbors. Neighbors tend to view the mentally retarded as childlike, are concerned over the group home's impact on property values, do not view residents as threatening, do not perceive mental retardation as a disease or hereditary, and feel that residents will eventually be able to care for themselves. They hold mixed opinions concerning the fairness of the taxpayer's burden for deinstitutionalization and the appropriateness of placing the retarded in institutions. Group home operators should be aware of these and other indicators of resistance. For instance, group homes with parking lots are more likely to experience opposition than those that use street parking; younger people show more enthusiasm for group homes than older neighbors; and transient neighborhoods offer less resistance to group homes than others. A detailed outline of the Community Education Model is included along with 14 references, notes, and a sample fact sheet.

309. Austin, Helen; and Walker, Mary.
Texas Rural Health Field Services Program, Austin.
Health Block Grants and Texas.
Jul 81, 24p
SHR-0009065 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

This paper examines the concept of block grants and then discusses problems that Texas will face in handling block grants for health services, with particular attention to programs for rural areas. A history of Federal grant activity during the 19th and 20th centuries notes that problems of overlapping program responsibilities and service gaps accompanied the enormous proliferation of grants after the 1930's. Block grants were originally conceived as one method of consolidating Federal programs and improving their efficiency. In general, block grants give more decisionmaking power to the States while categorical grants keep program control at the Federal level. Implementation of the Partnership for Health Act of 1966 in Texas is discussed to provide examples of problems that can arise in the administration of block grants. Planning for funds targeted at the establishment and maintenance of public health services was done through one agency for mental health and one agency for public health. A process was not established to include all interested persons and groups. The funds were not visible in program budgets or budgets reviewed by the legislature, making evaluation difficult. The Texas legislature is exploring ways to remedy these problems, including the establishment of a special account for any block grant funds and a State Finance Management Committee to oversee the expenditure of such monies. Because rural Texans, 21 percent of the State's population, have been neglected by health care programs, their needs must receive special attention in the planning, administration, and evaluation of block grants. Tables and 15 references are included.

310. Bass, Scott A.; Rowland, Richard; Slobodkin, Janelle Kennedy; Murtagh, Betty; and Jacob, Elyse E.
Massachusetts Univ., Boston. Gerontology Program.
Job Satisfaction of Home Care Case Managers: An Evaluative Look at One Home Care Corporation.
Feb 81, 37p
SHR-0009164 Available from The University of Massachusetts, College of Public and Community Service, Gerontology Program, 100 Arlington Street, Boston, MA 02116.

310.

This study involved interviewing and administering questionnaires to 28 case managers in the Massachusetts home care system for the elderly to identify problem areas. Data were coded and analyzed using the Statistical Package for the Social Sciences. Findings indicate that case managers like and respect their peers and supervisors, enjoy working with clients, and have freedom to plan their own work. However, they also find their duties to be boring, routine, and unrewarding in terms of pay and opportunity to experiment with new ideas. They also lack opportunities for advancement. Case managers are often frustrated in their efforts to participate in agency decisionmaking, help clients, arrange for services with providers, ensure quality service, and work with other community and State agencies. Many of these problems are interrelated. For instance, the limited leverage with social service agencies may be related to the high turnover rate among case managers. Therefore, problem areas should be approached in an aggregate and comprehensive manner. Because case managers lack authority, the role and relationship between the home care corporation and provider should be reexamined and new delivery models should be tested. Case managers also suggested that their caseloads be reduced, that more support staff be hired for typing and recording, and that release time for educational training be provided. Tables and a few footnotes are included; the questionnaires and rating forms are appended.

311. Berkeley Planning Associates, CA.
Evaluation Design Assessment of Work-Welfare Projects. Phase I: Final Report. Administrative Release of Chapter 2.
Jul 81, 150p
SHR-008805 Available from Berkeley Planning Associates, 3200 Adeline Street, Berkeley, CA 94703.

This report reviews past programs and research relevant to the topic of work–welfare, with particular attention to State–initiated work–welfare programs. The review provides a valuable resource for identifying important welfare and employment training policy issues, selecting outcome measures for assessing program impacts, and pointing out the difficulties inherent in designing research methodologies in the employment and training field. The report presents the historical context of work–welfare programs and outlines the important work–welfare policy issues that surround both program objectives and program structure and procedures. It then provides a detailed review of manpower and work–welfare programs and a description of program content and structure. The various approaches of past State and Federal work–welfare programs and current Federal initiatives are reviewed. In addition, current State work–welfare activity is summarized, and State programs are comparatively examined regarding their objectives, service approaches, forms and levels of administrative control, targeted participants, nature of jobs, and (to the extent possible) levels of program effectiveness. Programs in the following States are singled out for review: Florida, Kentucky, Massachusetts, Michigan, Minnesota, Oklahoma, Oregon, Utah, and Virginia. A proposed typology of work–welfare programs is included. In addition, the report reviews empirically based research on the poverty and welfare populations in an attempt to summarize current knowledge on both their patterns of dependency and their employment patterns. Evidence regarding the labor force participation of the poor is reviewed here, as is research on welfare behavior and caseload dynamics. The report also addresses the issue of how employment potential is affected by the structures of the welfare system, the labor market, and the employability of recipients themselves. Also reviewed is the legal context for work–welfare programs, with summaries of the enabling and constraining provisions of relevant legislation, associated guidelines and regulations, and recent judicial decisions. Finally, the report reviews the findings of the major evaluations of work–welfare programs and discusses the strengths and weaknesses of the various evaluation methodologies. The implica-

tions of these prior evaluations are noted. Tables, footnotes, and over 100 references are supplied.

312. Bermant, Gordon.
Innovations in Communication and the Delivery of Public Services.
1978, 27p
SHR-0008597 Pub. in Jnl. of Urban Laws v55 n3 p755-781 Spring 1978.

This paper reviews two articles on the use of video technology in the criminal justice system and one analysis of the effect of local cable television on community participation in government. Advantages claimed for videotape in trials by a Michigan State University research project are examined first, including greater impact of videotaped presentations on juries compared to live presentations, recording depositions of expert witnesses, and the value of videotape as a trial record. Practical problems in using videotape in court are considered. The analysis of an article on the Phoenix Project, a video telephone system used in jails and the courtroom, covers its costs and changes in procedures that occurred because of the system's implementation. For example, the availability of the video telephone increased contacts between public defenders and their jailed clients, provided access to the police information bureau, and permitted the use of remote testimony at trials. The paper then addresses telecommunications in a different field, the New York University Reading Cable Consortium. This project was designed originally to increase senior citizens' use of social services through exposure to preventive messages broadcast through the cable. This goal was not realized, but the interactive cable concept became popular with citizens and local public officials through telecasts of the program "Inside City Hall" and public hearings. Finally, additional innovations are described, such as televising a criminal trial, managing information in the Federal courts through COURTRAN II, word processing machines, and electronic mail. Figures and 77 reference notes are provided.

313. Bernstein, Rosalie; Nortman, Lenore; Kelada, Youssef; and Catchpole, Judy. New York City Human Resources Administration. Div. of Evaluative and Applied Research.
Long Term Effects of Preventive Services: Findings From a Demonstration Program in New York City.
Feb 81, 21p
SHR-0009209 Available from The Human Resources Administration, Office of Policy and Economic Research, 71 Worth Street, 4th Floor, New York, NY 10013.

This study followed families served by Demonstration Preventive Services programs in New York City and control group families over a 5-year period. The services were provided to prevent or shorten placement of children in foster care. The case records of 82 experimental, 56 control, and 82 unsuitable (children not suited for the program) cases were reviewed in 1978, 4 years after the project began. An earlier report of the Child Welfare League of America (CWLA) found that the children in the experimental group spent an average of 24 fewer days in foster care than did control group children. Over the 4-year period of this present study, the early difference between experimental and control cases in the incidence of foster care placements increased. In 1976, CWLA reported an 8-percentage point difference between the two groups; in 1979, this study found a 16-percentage point difference. Further, by 1979, experimental children had spent an average of 5.3 fewer months in foster care than had control children. However, there were no significant differences between the two groups in the proportion of closed cases (50 percent each), timing of case closing, and closing reasons. Placement in foster care was more frequently the reason for a case remaining open among control cases than among experimental cases. To date, the effectiveness of preventive services is supported primarily for cases where the presenting problem(s) is with the parents rather than with the child. Overall, this study suggests that the effec-

313.

tiveness of preventive services is attributable only in small part to differences in types of services provided, since all three groups in the study received roughly the same types of services. The effectiveness of preventive services is due primarily to differences in the quantity and / or quality of services provided: a Demonstration Project worker serviced 6.2 experimental cases compared to 25 or more cases typically served by Special Services for Children workers. Tables and 23 notes are given.

314. Brodsky, Gerry; Smith, Jay C.; and Bigelow, Douglas A.
Managing the Performance of Human Service Programs in the Intergovernmental Context.
Oct 80, 22p
SHR-0009114 Available from Program Analysis Section, Oregon Mental Health Division, 2575 Bittern Street NE, Salem, OR 97310.

This paper argues that the historically difficult task of managing public service programs has been made more difficult by responsibility overlap among multiple levels of government and then describes new approaches to successful management and accountability. Strategies for improving the performance of governmental agencies have been based on private sector models that emphasize performance measurement, although public management actually differs from private management in several respects. For example, public agencies are constrained in their actions by regulations and are accountable to dependent publics. In particular, the current system of intergovernmental organization blurs responsibilities, produces few products that can be seen or valued, and impedes clear feedback on the success of agencies' efforts. Thus, a public agency's biggest job is not relating to its public or consumers, but relating to other agencies. Slippage in program purpose can be attributed to unrealistic expectations in the original legislation, proliferation of regulations, and frequent attempts of any agency in the chain to piggyback on the program the agency's own purposes or agendas. The following principles are the keys to performance improvement in the intergovernmental setting: explicit acknowledgment of the values implicit in public programs, a clear theory of action for how each agency carries out its own mission in relation to other agencies, and evaluation methods that account for the roles and interests of each agency in the funding chain. A detailed discussion of these concepts covers the chief executive's values, ways to assess the implementation of a theory of action, and examples of effective evaluations of community mental health programs. References are included.

315. Burdine, James N.; and Gottlieb, Nell H. Texas Rural Health Field Services Program, Austin.
Community Health Assessment: A Closer Look.
1980, 18p
SHR-0009093 Pub. in Texas Rural Health Jnl. p7-24 Dec 80.

This article explores some of the ramifications of community health assessment and looks at some of the assumptions hidden in community problem–solving activities. Rothman's three models of community organization practices—community development, social planning, and social action—are contrasted and the theories of social change and assumptions underlying the three models are explored. A community health assessment is part of each of the three models, although the assessment's importance and form varies from model to model. The mix of approaches to assessing a community's health should be based on the problem solvers' awareness of their own biases, of the community's need for more information or more organization, of the existence of other resources that might supplement existing resources, and other factors. Critics of the community development and social planning approaches argue that the social action model is radically different in the root assumptions of consensus versus conflict.

Oppressed people cannot gain either by participation in a pluralistic planning body, community development process, or by rational social planning. Thus, the social planning approach of the 1960's emerges as an instrument of the State or of elites to impose order on society through planning. The outcome of such a planning process is social control. The domination of State and elite interests in social planning stems from the ownership of the process and the influence of that upon the mechanisms of planning. Thus, the health care planner or provider and the community member should be aware of the opportunities for subversion of community need. Tables and 22 references are supplied.

316. Bureau of Municipal Research, Toronto (Ontario).
Work-Related Day Care: Helping to Close the Gap.
Sep 81, 49p
SHR-0009208 Available from Bureau of Municipal Research, 2 Toronto Street, No. 306, Toronto, Canada M5C 2B6.

This study reviews day care developments in Canada, concentrating on legislation and provincial policy in Ontario. The review identifies the role that workplace day care can play in the current situation of unmet needs. Workplace and work–related day care is examined as an option in a diverse system of day care delivery, and its benefits and drawbacks are stated. Models of employer participation in day care in the United States are outlined. These include the company–community program, the individual company program, the U.S. Federal Government model, a short–term research demonstration model, and the industry–community partnership model. Canadian examples of business involvement, together with results of a questionnaire and interviews of a number of Toronto–based companies show attitudes, determine interest, and indicate the extent of current activities and commitment to the idea. The views of the employers and employees are considered, as are those of the education sector and the labor movement. Finally, a working model of workplace day care shows how day care can come about, points to the necessary elements for success, and demonstrates that workplace day care can be an affordable alternative. The study culminates in several recommendations for employers, employees, labor unions, and the day care delivery system. Tables and footnotes are given. A sample questionnaire and a sample budget are appended. Civic Affairs series.

317. Bushnell, Jon; and Pecora, Peter J.
Ohio State Univ., Columbus. Coll. of Social Work.
Wisconsin Child Welfare Training Needs Assessment Project. Final Report.
Jun 79, 274p
SHR-0008416 Available from Ohio State University, College of Social Work, Stillman Hall, Columbus, OH 43210, Attn: Nolan Rindfleisch, Ph.D.

This project developed procedures and data collection instruments for use by staff development personnel in planning and conducting assessments of worker training needs in child welfare programs on agency, regional, and State levels in Wisconsin. In addition, the project formulated procedures for developing training priorities based on the training needs data produced by the various instruments and developed methods for formulating training curricula. The data were gathered from diverse sources and analyzed to produce training need profiles by county, program area, level of education, experience, and type of client population (urban / rural). The instruments developed and tested in Wisconsin included front line worker (126 respondents from 6 county departments) and supervisor (32 respondents) questionnaires ascertaining personnel characteristics, training completed, and knowledge area training needs; a key informant survey (23 telephone interviews); and a local child welfare agency self–assessment manual and checklist (completed

by 3 counties). Additional instruments were developed by Wisconsin staff but not tested. Subject areas requested by workers and supervisors ranked by mean score of importance begin with psychology of family aggression, crisis intervention, and child and adolescent psychology. General study conclusions state that a multifaceted approach to training needs assessment involving front line workers, supervisors, staff development personnel, program administrators, other human service professionals and interested community groups is essential. It is also emphasized that training need surveys should clearly relate the assessment of training needs, be free of purely academic research questions, and be as politically neutral as possible to insure their widespread acceptance and use. Tabular data and some footnotes are provided. Appendices contain the instruments developed. See also related documents, SHR-0008412—SHR-0008415.

318. Buxton, Kathryn.
Minnesota Office of the Legislative Auditor, St. Paul. Program Evaluation Div.
Evaluation of State Purchasing.
2 Apr 82, 41p
SHR-0009328 Available NTIS PC $7.50/MF $4.00

An evaluation of the purchasing function of the State of Minnesota revealed the need for significant changes in the areas of delegated or local purchasing authority for State agencies and value analysis or life cycle costing. During the 1979 to 1981 biennium, State agencies made $180 million worth of purchases through the Procurement Division of the Department of Administration and an additional $50 to $60 million in purchases directly. Several studies during the 1970's have resulted in changes that have improved State purchasing operations. However, changes are needed with respect to local purchasing authority because the $50 limitation on most direct purchases by State agencies means that a large percentage of the Procurement Division's workload continues to include small purchase orders. The cost of processing small purchase orders exceeds any possible savings. Analysis of a random sample of 300 purchase orders of $500 or less showed that the Procurement Division awarded the purchase to the vendor recommended by the agency in three–quarters of the cases, modified the specifications only 6 percent of the time, and involved proprietary items involving only one vendor in about one–fourth of the cases. Forty–five other States permit State agencies to purchase items costing more than $50 and usually permit purchases up to $500. It is recommended that local purchasing authority be increased to $500 with three informal bids required. In addition, the activities of the Standards and Engineering Section, which was abolished in 1981, should be reinstated to permit testing for the product's value over its lifetime and to correct the current underemphasis on product quality. Additional recommendations and tables are provided. Author abstract modified.

319. California State Office of the Legislative Analyst, Sacramento.
Analysis of 21 State Mandated Local Programs.
Jan 82, 146p
SHR-0009109 Available from Legislative Analyst, State of California, 925 L Street, Suite 650, Sacramento, CA 95814.

This report was prepared to fulfill the requirements of Senate Concurrent Resolution No. 58, which directed the California Legislative Analyst to evaluate selected State–mandated programs imposed on cities, counties, school districts, and special districts. It reviewed, in two parts, 12 mandates that require the largest appropriations to reimburse local governments for mandated costs and 9 mandates enacted before 1973 that were selected by city, county, and school district representatives. The review determined whether these mandates were still

justified and identified mandates that should be eliminated or modified in order to achieve more efficient use of State and local funds. The 12 mandated programs examined involved workers' compensation and retirement benefits, mandatory arbitration, voter registration, and others. The nine mandates involved law enforcement records, driver training, county general relief, and more. The report recommends that in certain cases the State not reimburse local agencies for costs attributed to State law because the statute does not constitute a "true" mandate under the provisions of the Revenue and Taxation Code. State–mandated cost–of–living adjustments on pre–1973 programs should not be treated by the legislature as mandates requiring State reimbursement. The mandated voter registration procedure should be replaced with a less costly procedure, and voter registration by mail should be made optional. In other cases, the report recommends that a pre–1973 mandate be repealed because it serves no statewide interest (e.g., in the case of temporary disability), has not produced benefits sufficient to offset reimbursement costs (e.g., single–session kindergarten classes), and has unintended or undesirable consequences (temporary disability and kindergarten classes). These recommendations would increase some costs to State and local governments and reduce others. On balance, however, the combined savings could significantly exceed the costs. Tables are included. Report No. 82-2. Author abstract modified.

320. California State Office of the Legislative Analyst, Sacramento.
Phase–Out of the Developmental Disabilities Program at Patton State Hospital.
Jan 82, 33p
SHR-0009170 Available from Department of Developmental Services, Hospital Operation Division, 1600 9th Street, Sacramento, CA 95814.

This report describes the status, policy implications, and fiscal consequences of the planned phase–out of the developmental disabilities program at Patton State Hospital in San Bernardino, Calif. The program, which served 282 clients in November 1980, was one of many community–based and hospital–based services administered by the State's Department of Developmental Services (DDS) for persons with developmental disabilities. The phase–out was proposed to the State legislature because of the growing demand for acute psychiatric and penal commitment beds at Patton, the undesirability of operating a small developmental disabilities program in the midst of a growing penal commitment population, and the increasing operating costs of the Patton program relative to other State hospital programs. Therefore, DDS proposed that 123 of Patton's clients be transferred to other State hospitals and that 159 be placed in new community programs developed by the Inland Counties and San Diego Regional Centers. The legislature approved the proposal, and DDS began to phase out the Patton program in January 1981. As of November 10, 1981, 84 developmentally disabled clients remained at Patton. The number is expected to drop to 40 by January 1, 1982. The two contracts with the Inland Counties and San Diego Regional Centers are operating effectively. The conversion of community care facilities containing 149 beds to intermediate care facilities for the developmentally disabled–habilitative will probably not be completed by the target date of July 1. The phase–out program will result in ongoing general fund savings of $3.26 million annually and savings from all funds of $2.44 million annually. Current Federal policy gives the State a fiscal incentive to transfer clients to other State hospitals when closing a hospital program rather than to place them in community programs. Footnotes, tables, and a chart are provided. Report 82-1.

321. Channel One Clearinghouse Corp., Gloucester, MA.
Facilitator's Guide To Channel One (trademark) Programming.

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321.

1981, 123p
SHR-0009199 Available from Channel One Clearinghouse Corporation, PO Box 8, Lanesville Station, Gloucester, MA 01930.

This manual is designed to help communities understand how to organize available local resources effectively for the benefit of youths, adults, and the community by using a specific process that leads to a partnership between everyone in the community. The process, known as Channel One, is a plan for organizing community resources around projects that effectively challenge the energies and creative talents of the total community into a positive program. The Channel One process began as a local experiment in Gloucester, Mass., in which young people who were invited to help a local sculptor work on his massive sculptures gained a new sense of satisfaction and found more choices for their futures than they thought existed. A more formal program emerged from this studio effort and provided hundreds of youths with entry-level job skills, school credits, and personal enrichment. The Channel One process is healthiest when characterized by strong private sector involvement, careful attention to the process of involvement by the community, and readiness to fit together a mix of resources appropriate to the project at hand. The facilitator, as leader, organizes the community by initiating meetings, recruiting partners, identifying possible resources, and keeping records. The seven steps in the Channel One process are (1) a meeting of key community leaders to help identify potential Channel One partners, (2) planning of a general approach, (3) exploration of community needs and resources, (4) identification and recruitment of steering committee members, (5) meeting of steering committee, (6) recruitment of task force members and establishment of an organizational structure, and (7) implementation of the specific plan of action. Guidelines are given for implementing each of these steps. Instructions are also given for handling relations with the mass media and for monitoring project activities. An appendix lists 52 source materials and 15 criteria for rating a project, and provides forms and worksheets. A reprint of a magazine article on Channel One is also supplied. Channel One is a registered service mark of the Channel One Clearinghouse Corporation.

322. City Club of Portland, OR.
Report on Halfway Houses: A Community-Based Alternative to the Cellblock.
1981, 38p
SHR-0009221 Available from City Club of Portland, 730 SW First Avenue, Portland, OR 97204.

This study determines the effectiveness of halfway houses in Multnomah County, Oreg., as rehabilitative tools and their impact on their residential neighborhoods. From March 1980 through June 1981, halfway houses in the county and elsewhere were studied, criminal justice personnel and local officials were interviewed, and relevant material was reviewed. Findings treat the status of halfway houses both nationally and in the county, with attention to their costs, neighborhood concerns, physical structure and location, and other factors. The study was unable to show hard data on the success of halfway house programs in rehabilitating offenders. However, interviews established that halfway houses must be more effective than incarceration because prisons and jails are not intended to rehabilitate. Halfway house managers, staff, and clients felt that their programs were worthwhile. Despite the greater expense of halfway houses in comparison to supervised probation or parole, society may benefit by the closer contact with and supervision of the offender. However, halfway houses may cause property values to fall and the neighborhood to become less safe and pleasant. Felony offenders who are nonviolent and suited for treatment within the community might benefit from halfway-in living, and offenders who have been confined for several years and need a transitional environment prior to release might benefit from halfway-out programs. Such programs should be established in the county, and

further research should be conducted. A list of persons interviewed for the study, about 50 references, a glossary, and a list of county halfway houses are appended. Footnotes, tables, and a flow chart are provided. "City Club of Portland Bulletin," v62 n24 9 Nov 81 (special edition).

323. Clarke, Brenda; and Greenspoon, Rose. Virginia Div. of Volunteerism, Richmond.
Generic Training Design for Adult Services Volunteer Programs.
1981, 36p
SHR-0009120 Available from Virginia Division of Volunteerism, 825 East Broad Street, Richmond, VA 23219.

This guide explains various training approaches for volunteers serving the elderly and illustrates their applicability through a hypothetical adult services volunteer program. The four types of training programs that volunteers can undergo are orientation, preservice training, on-the-job training, and inservice training. The content of each program in adult services is outlined, and a sample training design and schedule of events are included. A sample quiz handout for the orientation sessions and a video tape script on the characteristics of older and disabled people are provided. Myths and facts about disabilities of which volunteers should be aware are outlined as part of any training program, as are sample problems volunteers will face. Video tape role play situations, suggested exercises on listening as a part of relationship building, and a communications experiment are included. Factors that influence the adult learner (i.e., relevancy, involvement, flexibility, etc.) are mentioned, and methods to facilitate learning (role play, small group discussion, case study, demonstration, etc.) are explained.

324. Cohen, David.
Center for Responsive Governance, Washington, DC.
Open Government and Citizen Participation.
17 Jul 80, 24p
SHR-0008873 Available from Center for Responsive Governance, Publications, 1100 17th Street NW, Suite 313, Washington, DC 20036.

This address discusses how the Freedom of Information Act (FOIA) and the Sunshine Act promote citizen participation in the Federal policy process and proposes changes that will enhance the effectiveness of the laws. While such access legislation is expensive in terms of administrative efficiency, time, and real costs and may have unanticipated consequences, such statutes are essential to democratic processes. The Freedom of Information Act gives the citizen–participant the right to examine the factual basis for agency decisions. Procedures governing administration of the law must be designed to permit an individual of average means to pursue his or her request effectively without retaining a lawyer. Maintaining a rigorous time limit for complying with requests and promptly providing the requestor with information concerning withheld documents are procedural changes in the law that would facilitate use of the law by citizens. Costs borne by agencies in performance of their FOIA functions could be recovered from corporations and their agents who use the act to obtain mailing lists or business information. Although the law has been criticized by corporations and law enforcement agencies because of their needs for secrecy, access to records is essential to maintain accountability. Some of the problems of the act could be eliminated through fuller disclosure policies among agencies. The Sunshine Act theoretically permits citizens to be present when agencies reach decisions, but the potential of the act has not been realized. Many agencies have been reluctant to open their meetings to the public. They must be creative and aggressive in giving notice of their meetings, to conduct meetings without using jargon, and to undertake meaningful transactions rather than pro forma exercises. Citizens are encouraged to pressure agencies into meaningful compliance. Comments of commentators and a list of attendees

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are supplied. Monthly Seminar Series MSS-80-07.

325. Colombo, Louis; and Cantwell, Gio.
Albuquerque Urban Observatory, NM.
Final Report of the OCETA Job Prep Research Project.
Jun 81, 157p
SHR-0009119 Available from Survey and Policy Research Program, School of Architecture and Planning, University of New Mexico, Albuquerque, NM 87131.

This research project of the Albuquerque Office of Comprehensive Employment and Training Administration (OCETA) of New Mexico was conducted to modify the existing job preparation training for certain OCETA participants. A literature review was conducted, OCETA participants and their supervisors were interviewed, and job preparation training materials were evaluated to determine how to improve the OCETA program. Survey results indicate that OCETA participants were ill–prepared in terms of job–seeking skills, particularly those who were males, younger workers, those with less education than a high school diploma, and those who had not received OCETA skills training. Males, older participants, and participants with less than a high school diploma expressed greater discouragement in their job–seeking efforts than others. OCETA participants in public service jobs were given favorable evaluations by their supervisors, particularly if they were women, nonveterans, and Anglos. The data indicate that greater emphasis and resources should be expended on training OCETA participants in job–finding skills than in job–keeping skills. All OCETA participants require more effective job preparation training; an experienced job preparation training organization should be employed to conduct the training. A job training program should consist of a short, but intensive, job preparation course focused on job–seeking skills and a "job club" type of training for learning job finding and job–keeping skills and for obtaining employment. Evaluation research should be incorporated in job preparation program changes. Survey questionnaires, the research design, and other material are appended. Tables are included.

326. Community Service Council of Metropolitan Indianapolis, Inc., IN.
Community Assessment and Recommendations Concerning Child Abuse and Neglect in Marion County, Indiana.
Nov 81, 190p
SHR-0008950 Available NTIS PC $16.50/MF $4.00

The recommendations presented in this report represent the results of a study that assessed the problems of child abuse and neglect in Marion County, Ind. The purpose of the project was to identify the changes needed in order to implement a unified, community approach that responds to the problem of child abuse and neglect in the most efficient and effective manner possible. The study consisted of two 3–month phases during which time the nature and extent of child abuse and neglect in the county were examined, the functioning of the current system was assessed, and the development of a coordinated approach for the prevention and treatment of child abuse and neglect was considered. One work group participating in the study suggested adopting criteria for identifying families at risk for abuse or neglect using interagency referral forms and developing a list of available resources. The work group concerned with crisis intervention, investigation, and court processing suggested providing feedback to professional reporters, decreasing court processing time, and amending the provisions governing termination of the parent–child relationship. The treatment work group is concerned with implementing a case management system for the county, improving and increasing the delivery of needed private services, and improving funding of child abuse and neglect services by using title monies to the maximum. Finally, the work group on education and training sug-

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gests establishing a resource center and coordinating education and training for professionals, volunteers, and the community at large in the areas of child abuse and neglect. Supplementary information is appended to each work group's report. Prepared by the Child Abuse and Neglect Task Force.

327. Congdon, David M.; Conley, Sheila C.; and Duecker, James A.
Grant-Blackford Developmental Center, Marion, IN.
Part, Not Apart: A Systematic Approach to Integrated Recreation and Leisure for Developmentally Disabled Adults.
Sep 81, 147p
SHR-0008872 Available from Grant-Blackford Developmental Center, 2724 South Cary Street, Marion, IN 46952.

This manual offers help to professionals and organizations working with developmentally disabled individuals to improve their recreation and leisure programs. The experience–based material evolved over 4 years in a community agency serving developmentally disabled adults. The approach represents the normalization philosophy and emphasizes participation and integration with the mainstream. It is suggested that recreation and leisure skills should be treated in the same manner as other skills to be learned, such as self–care, consumer, and work skills. Further, the approach seeks to deemphasize the therapeutic nature of leisure activities in favor of enjoyment; to offer less childlike activities to adults and reduce the image of the eternal child; to desegregate activities in the community; and emphasize the abilities of the disabled and their similarities to the mainstream. The manual addresses client assessment, resource assessment and development, maintenance and generalization, written program dimensions, and instructional suggestions and describes successful programs. Among the activities described are Atari video games, card games, indoor gardening, movies, music appreciation, photography, spectator football, and others. Appended are 12 annotated references.

328. Dea, Kay.
National Association of Social Workers, Washington, DC.
Perspectives for the Future: Social Work Practice in the 80's.
1980, 192p
SHR-0008593 Available from National Association of Social Workers, 1425 H Street NW, Washington, DC 20005.

Fifteen papers from a 1979 symposium sponsored by the National Association of Social Workers focus on the value dilemmas, changing social needs, and emerging technologies that are expected to characterize social work practice in the 1980's. Among the emerging societal forces discussed are the politics of competition in a period of economic decline, the public's tax revolt, inflation, and the continued struggle to achieve equality for minority groups and women. The trends toward increasing specialization and a proliferation of special interest groups within the social work profession are delineated, with emphasis on the implications for the education of social workers. Changes in the organizational system through which social work services are provided are examined, including the increasing organizational complexity of human services, shifts in traditional boundaries between program sectors, the targeting of tax–supported social services to low–income households, an emphasis on implementation of policy rather than on policy initiation, and an increased role for social care services. Four future scenarios developed by the National Association of Social Workers Commission on the Future of Social Work are summarized. The effects of the economic and political systems and the basic value patterns of society on social work practice are discussed. Specific problems and interventive strategies examined include the

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setting of objectives in the human service agency, the role of case management in public child welfare, legal and ethical issues related to informed consent, and family violence. Additional topics include the use of running or other vigorous exercise as a form of therapy, family support systems and unmarried teenage mothers, adoptive services for blacks, and the central role of social work in the mental health services. Tables and chapter reference notes are provided. Selected Papers from the Sixth NASW Professional Symposium on Social Work, November 14-17, 1979, San Antonio, Texas.

329. deLoayza, Winifred; and Salsberg, Linda Simkin.
New York State Council on Children and Families, Albany.
Comprehensive Adolescent Services: State-of-the-Art Report.
Oct 81, 157p
SHR-0009251 Available NTIS PC $15.00/MF $4.00

This report describes a sample of comprehensive service programs for juveniles, including community–based organizations or agencies serving abused and neglected youth as well as other special needs groups. Information was gathered through mail surveys to programs in the New York area and throughout the country that provided services to noninstitutionalized youths, 12 to 21 years old. A total of 153 programs responded to the first questionnaire, and 88 returned the second instrument. The description of these programs focuses on the array of services provided, organizational characteristics, types of clients, staffing patterns, governance, and youth participation in services planning and delivery. Six program models were identified on the basis of this information: the basic needs model, the interactive needs model, the coping skills model, the skills / interactive model, the linkage model, and the complex model. These models provide a way of classifying existing programs. The classification scheme enables planners to conceptualize programs in terms of their structural capacity for comprehensive services provision. The findings suggest that there are many comprehensive community service programs currently providing services for adolescents. These programs are located primarily in urban areas, with lower prevalence in suburban and rural areas. They provide a variety of services, primarily in the social / emotional adjustment area. Counseling appears to be the most popular method for helping adolescents. The programs also help youth to access services from other providers. Illustrations and tables are included. Appendices include definitions of variables used, a services taxonomy, study criteria and survey instruments, and other information. Eleven references are provided.

330. Delta Inst., Torrance, CA.
Treating the Kids Nobody Wants: A Survey of Innovative Treatment Programs for Seriously Delinquent Youth.
18 Aug 81, 82p
SHR-0008797 Available from Delta Institute, 22850 Crenshaw Blvd., Suite 200, Torrance, CA 90505.

This report makes recommendations to the San Diego County Juvenile Court (California) for dealing with serious juvenile offenders in some manner other than committing them to the California Youth Authority. The report is based upon onsite visits to some of the Nation's best delinquency programs and a review of academic and professional literature on the subject. Among the programs visited were Synanon, Tomales Bay, Calif.; Delancey Street, San Francisco, Calif.; VisionQuest, Tucson, Ariz.; and Elan, Poland Springs, Maine. Synanon, Delancey Street, and Elan are therapeutic communities. VisionQuest and another program, Southwest Martial Arts Association, are adventure experience programs. Two other types investigated were clinical programs and educational programs. The report recommends that the court move in the direction of developing a network of relatively small, private programs that can be placed in

competition with each other for public funds. These programs should be innovative and should be able to guarantee the safety of the public and the youths. Thus, they should be safe, creative alternatives to incarceration. An appendix profiles the Delta Institute.

331. Department of Housing and Urban Development, Washington, DC. Office of Community Planning and Development.
Community Development Block Grant Program: Sixth Annual Report.
Jul 81, 414p
PB82-175118 Available NTIS PC $30.00/MF $4.00

This report provides an analysis of the activities communities have undertaken to meet the purposes and legislative objectives of the Community Development Block Grant (CDBG). It also assesses program performance relative to program issues. The primary source of data used in the analysis comes from the CDBG Evaluation Data Base. In 1980, the CDBG program received $3.8 billion. Most of the funds ($2.7 billion) were provided through the Entitlement Program to Entitlement Cities and Urban Counties. The rest of the funds went to Small Cities, the Secretary's Discretionary Fund, and the Financial Settlement Program. The total amount appropriated by Congress since 1975 was $19.6 billion. CDBG appropriations increased every year for the first 6 years of the program but declined by 2.2 percent between 1980 and 1981. The funding for Urban Counties and Small Cities increased substantially. Entitlement Cities, Urban Counties, and Small Cities all spend the bulk of their block grant funds on public works and housing rehabilitation. Most entitlement funds were devoted to conservation and expansion of the local housing stock and neighborhood conservation. Low–income and moderate–income census tracts continued to receive most of the CDBG Entitlement Program funds. The report also gives some of the accomplishments entitlement grantees realized using their CDBG funds. Also discussed are expenditure rates, contract conditioning, neighborhood strategy areas, economic development, and planned housing assistance. Tabular and graphic data are provided. The appendix is a compendium of tables and figures presented in a standard format to provide the user with more indepth information than in the text. The appendix covers general program funding patterns, CDBG program purposes, CDBG program accomplishments, expenditure rates, housing assistance plans, neighborhood strategy areas, contract conditioning, and economic development. An index of appendix tables is included.

332. Drob, Judah; Sager, Alan; Sunderland, Stephen C.; and Davis, M. Virginia.
Mutual Self Help Over Time: Can It Aid the Elderly.
Feb 80, 13p
SHR-0002313 Available from Levinson Policy Institute, The Florence Heller Graduate School, Brandeis University, Waltham, MA 02254.

This paper sketches how an emergency or longer term system of mutual self–help might operate to help the elderly and explores the questions that arise in considering whether such a system might be feasible. It considers the three kinds of problems in the delivery of adequate home care under organized public programs: cost, worker availability, and quality. It argues that the self–help plan engenders decent care in three ways: (1) workers and recipients are likely to share similar backgrounds and thus would not scorn such work; (2) workers and recipients would have known each other, thereby helping to overcome strain; and (3) assistance would carry strong elements of mutuality and reciprocity because recipients are former helpers. The stimulus for an ongoing system of mutual aid would come about if persons with the capability of helping others could know that when they needed help in the future they would be able to obtain it in exchange for services they render now. Such a system would require a

medium of exchange by which persons helping now could stockpile their good deeds and a means of guaranteeing that the markers they had accumulated would be honored at some future date. A sponsoring organization, such as a church or union, would be required to assure availability of people at different age levels and continuity of operation. The guarantee to persons for services provided might be sought from government on the model of loan guarantee programs now in existence or might be provided by collection of small fees or periodic contributions from the sponsoring organization to build a guarantee fund. Considerations regarding professional versus volunteer service delivery and overuse versus restraint of the proposed exchange of services are also discussed.

333. Eckerle, Ronald; Fagnani, Carol; Foley, Michele J.; and Kautz, Eleanor S.
Catholic Social Services, Dayton, OH.
Community Living Project: Implementation of Contract Model of Community Care for Impaired Adults.
May 81, 95p
SHR-0008826 Available from Catholic Social Services, 922 West Riverview Avenue, Dayton, OH 45407.

Catholic Social Services of the Miami Valley in Ohio developed a program of community care placements for impaired elderly who could not live independently but did not require nursing care. A needs assessment of physical, social, emotional, and personal care requirements of referred clients was made. Caregivers were recruited, trained, and selected for their suitability in offering a safe, healthy, and nurturing environment for elderly adults. Clients were matched with caregivers through a series of home visits involving an active choice of client and caregiver. A written contract of care defined responsibility of all parties and linked clients with necessary support services. Contracts were renegotiated every 90 days or in accord with changing needs. Clients were replaced in other settings in the community or in institutional care if required. The Older American Resource Survey (OARS) instrument was administered prior to placement and at 6-month subsequent intervals. This was used to measure client functioning and provided a rating on social resources, economic resources, mental health, physical health, and activities of daily living. These data over the 2-year span of the study were used for program evaluation. Results indicated that elderly needing caregiving and health services who lacked financial and social resources benefited from community care placements. The model proved effective in maintaining the elderly in such settings. Guidelines for program development were written. In planning such programs, agencies / organizations should consider community acceptance, minimum standards of care and services, adequate staffing, and ongoing program support. Tables, figures, footnotes, and a bibliography of about 90 references are provided. Appendices give adult foster care forms and guidelines for program development. Author abstract modified.

334. Ellis, Susan J.; and Noyes, Katherine H.
Energize, Philadelphia, PA.
No Excuses: The Team Approach to Volunteer Management.
1981, 63p
SHR-0009341 Available from Energize, Lobby A, 5450 Wissahickon Avenue, Philadelphia, PA 19144.

This manual provides guidelines for using the team approach to volunteer management, based on the finding that directors of volunteers have many other responsibilities in addition to volunteer administration and are not full-time directors of volunteers. The ideas presented have been used successfully in both large institutions and small, all-volunteer organizations. Directors of volunteers range from part-time volunteers or professionals who manage volunteers as their sole responsibility to full-time professionals with many roles including that of volunteer director. A comprehensive definition

of the role of director of volunteers is provided to enable volunteer coordinators to identify the management tasks that need to be shared with others. The attitudes necessary for a successful volunteer program are listed, including a belief in the value of volunteers, recognition of people's potential capabilities rather than their formal credentials, the desire to make the program work to its fullest potential, openness to the diversity of volunteers, willingness to speak for the rights of volunteers, and enjoyment in working with volunteers. Methods of determining how the volunteer coordinator and the volunteers fit into the overall program of the institution or agency are discussed, with emphasis on the need to define the chain of command, expectations of volunteers, the budget and resources for the volunteer program, and the scheduling of a status review of the volunteer program. Ways to develop a management team through enlisting the cooperation of secretaries, receptionists, switchboard operators, custodial staff, the board of directors, the executive director, supervisors, and others in the organization are defined. The guidelines also cover such other coordination issues as contacts with supervisors, meetings, and committees. Advice is also given on such leadership skills as delegation, communication, and supervision. Appendices provide a task analysis for the volunteer manager and worksheets for determining possible collaboration partners, potential donors, and sources of prospective volunteers. Volunteer Energy Series guidebook.

335. Elman, M. D.; and Moore, M. L.
Social Services Research Inst./Welfare Research Inc., Washington, DC.
Improved Social Services to Families With Developmentally Disabled Children Through Training and Technical Assistance to Caseworkers: Preliminary Utilization and Policy Paper.
Nov 81, 36p
SHR-0009088 Available from Social Services Research Institute, 1015 18th Street NW, Suite 810, Washington, DC 20036.

This report describes a project designed to coordinate the activities of and train caseworkers in Kentucky to be more responsive to the needs of families with developmentally disabled children. To develop and implement a model training program for Title XX and Title IV-B social services personnel, advisory committees were established to aid in planning activities, develop a knowledge base regarding the nature and delivery of services to families of the developmentally disabled, and conduct a literature review. A survey of the 50 State agencies responsible for administration of Title XX and Title IV-B monies was conducted to determine the extent of States' levels of activity in such programs. A caseworker training survey to identify their problems was also administered. Training programs for social workers were then conducted at two residential sites in Kentucky. Technical assistance will be provided to them. Survey results indicate a lack of focus on the family's role in service delivery, negative public attitudes toward the handicapped, the need for advocacy on behalf of handicapped persons, and the effectiveness of local control of services. Alternative living arrangements and respite care were deemed nationwide problems, as well as behavior management, transportation, and educational placement. Changes in eligibility requirements, in legislation and regulations, and in outreach efforts are recommended. The training program developed in Kentucky has been well accepted by caseworkers. Implications of the report for policymakers and its application to service providers' work are mentioned. Four references are included.

336. Embley, Sally.
Human Services Planning Council of Schenectady County, Inc., NY.
Report of the Task Force on Displaced Homemakers in Schenectady County.
Jun 81, 50p
SHR-0009185 Available from Human Services Planning Council of Schenectady County, Inc., 432 State Street, Room 220, Schenectady, NY 12305.

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This study interviewed 590 randomly selected women in Schenectady County, N.Y., to identify the special needs of the displaced homemaker returning to the work force. A profile of the displaced homemaker shows that little difference exists in educational levels among women in the sample. More displaced homemakers were in the aged 35 to 39 group than in any other age group. Patterns of employment were similar, except for the urgent need to find work. Job training, emotional / psychological support, and legal aid were the services most needed by women in crisis. Recommendations of the Displaced Homemakers Task Force include (1) development of a women's network in Schenectady County to provide support and information related to jobs and (2) increased communication on the subject of displaced homemakers with area businesses, women's groups, and professional organizations. Other recommendations are establishment of a dialogue with personnel staff of area businesses concerning the specialized problems of women in the work place, implementation of a series of at least three open workshops on topics related to women and work, and continued monitoring of State and Federal legislation related to displaced homemakers. The study was followed by a full-day conference of issues of women returning to the work force and the establishment of a women's NETWORK where women meet monthly to discuss their common concerns about work and job opportunities. Tables are supplied. Appendices include a list of available community resources, the questionnaire, task force committee lists, publicity materials, and the luncheon-discussion program.

337. Falcone, Angela R.
Michigan Office of Services to the Aging, Lansing.
Long-Term Care Information System Assessment Process.
Feb 81, 116p
SHR-0008945 Available from Colonial Press (LTCIS), 420 East Saginaw, PO Box 17011, Lansing, MI 48901.

This guide describes a comprehensive assessment tool for individuals in need of long-term care and a mechanism for translating this information into projections of service need in terms compatible with the computerized Human Services NETWORK of providers. An overview of the Long-Term Care Information System (LTCIS) covers its design, objectives, and uses in a variety of referral activities. The first four pages of the LTCIS six-page assessment form record information on an individual's sociodemographic characteristics, medical status, functioning status, and services being received that should be collected from medical records and interviews with family and medical personnel. The fifth page outlines a process for translating assessment data into service needs that may be completed by social service, discharge planning, clerical, or nursing personnel. The last page provides space to record physician's orders for care at sequential points in time as required for the ongoing delivery of health care. This manual presents each page of the assessment form separately with a detailed description of its content and instructions for completion. All items are defined, and persons who should provide the data are identified. The appendices contain a coding manual, a description of the Human Services NETWORK, and extra assessment forms. Six references and an index are included.

338. Fallen, David L.; Apperson, Craig D.; Hall-Milligan, Joan; and Aos, Steven.
Washington State Dept. of Social and Health Services, Olympia. Office of Research.
Intensive Parole Supervision.
Oct 81, 73p
SHR-0008996 Available from Dept. of Correction, Division of Community Services, Intensive Supervision Program, PO Box 9699, Olympia, WA 98504, order number 01-09.

This report describes the methods, screening criteria, and outcomes of the Intensive Parole Program, initiated in June 1976 in Washington,

to provide a well–structured alternative to lengthy incarceration for low–risk felons. The project was based on the assumption that low–risk felony offenders could be released early in the community at no greater risk and at a lower cost than other offenders. Low–risk offenders were identified through an extensive screening procedure and released after an average incarceration of 3 months to the supervision of a specially trained intensive parole supervision officer who had a maximum caseload of 20. The final evaluation was conducted on the first 289 offenders released. There was a minimum of 6–months' followup for all offenders. A comparison group of 102 offenders, paroled on regular parole supervision, was also established. Candidates for the program were screened against the following criteria: level of risk to the community, potential to respond to the program, nature and extent of alcohol or drug abuse, and other factors. The results suggest that intensive parolees can be supervised in the community at no greater and possible even less risk than other offenders. Possible reasons why the recidivism rate for intensive parolees decreased as a result of the program include the likelihood that these parolees were afraid of detection for new crimes as a result of increased supervision, that parolees were not incarcerated long enough to learn the skills or adopt the values of other prisoners, and that these parolees whose parole was revoked for technical violations were screened out of the program. The program was also shown to be less costly than regular parole. Tables are included and appended materials include sample project forms and measures used. Report no. 01-09.

339. Federation of Protestant Welfare Agencies, Inc., New York.
Funding Volunteer Services: Potential Sources of Dollars to Expand Agency Programs.
1981, 24p
SHR-0009294 Available from Federation of Protestant Welfare Agencies, 281 Park Avenue South, New York, NY 10010.

Representatives from a business corporation, a social service agency, a foundation, and a Government funding program discuss the effective use of volunteers and how that activity can enhance a voluntary agency's potential for attracting dollars to augment services. Corporations tend to support their own employees who are active in community service and to depend upon volunteers' observations of their organization's effectiveness in deciding whether or not to contribute. Social service agencies should consider developing training models with the participation of volunteers, offering emotional support to volunteers, and keeping them informed about what is needed. In addition, programs should be aware that foundations employ specific criteria when looking over proposals for programs with moderate to extensive volunteer components. Programs should clarify volunteers' roles and recognize that volunteers have substantial impact on a program. The Federal funding picture for volunteer programs related to social services is bleak, although some Federal monies are available. To obtain Government money, programs must shift direction to fit Government requirements, devote time to finding the money, and devote time to narrow administrative issues. Future trends may signal a turn toward volunteer involvement in Government programs. A panel discussion concludes the text. This booklet presents a summary of the proceedings of the Forum, which was a highlight of the 1980 Annual Meeting and Luncheon in New York, April 30, 1980.

340. Fiedler, Fred P.; and Nelson, Hal.
Washington State Dept. of Social and Health Services, Olympia. Office of Research.
Follow-Up Study of Assistance Cases Closed as a Result of AFDC-E Program Termination. Final Report.
Jan 82, 10p
SHR-0009097 Available from Department of Social and Health Services, Office of Research, OB-34A, Olympia, WA 98504, order number 06-17.

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This report assesses the short–term effects on former recipients of Aid for Families with Dependent Children–Employable (AFDC–E) in Washington State 7 months after the program was terminated by legislative action, effective February 1981. A random sample of 738 cases was drawn from the 7,758 terminated AFDC–E cases, and information was collected by telephone and face–to–face interviews with 531 clients. The typical case included 2 adults who both had low educational levels; each household had an average of 2.4 children. About two–thirds of the cases had been opened when the wage earner had been laid off or fired. Analysis of data on household changes showed that 9 percent of the families had moved out of the State, half had moved an average of 1.7 times, and that over 15 percent of the marriages had dissolved. After the AFDC–E program closed, some recipients were eligible for other types of public assistance. The survey indicated that 78.8 percent had received food stamps, 51.8 percent had used Medicaid coupons, and almost half had received some cash assistance from other emergency programs. Between March and September, 25.5 percent of the former AFDC–E cases reopened as AFDC–R cases, the State's basic welfare program for families deprived of an able–bodied breadwinner. Data on employment revealed that 31 percent of the families had a working member on March 1 and 51 percent had a working member on August 31. However, between one–third and one–half of the working families were supported by only one part–time job, with much of the employment being temporary. A total of 22 percent found no work during this period. Respondents reported using several other sources to supplement income, including veterans' benefits, unemployment compensation, and help from relatives. In the short run, half the families received an income that exceeds the AFDC standard of needs, but their long–term job prospects are poor and cash flow problems are likely to increase. Tables are included.

341. Flanagan, Joan.
Stone (W. Clement and Jessie V.) Foundation, Chicago, IL.
Successful Volunteer Organization: Getting Started and Getting Results in Nonprofit, Charitable, Grass Roots, and Community Groups.
1981, 376p
SHR-0009240 Available from Contemporary Books, Inc., 180 North Michigan Avenue, Chicago, IL 60601.

Interviews with hundreds of successful leaders of community organizations were used as the basis for this text on how to start and operate a successful volunteer organization. The book is intended for use by the leaders of such organizations. Step–by–step advice is given on starting a new tax–exempt nonprofit corporation. Guidelines are given for making sure the community wants the organization, for formation of a planning committee, for the choice of a structure, and for the establishment of dependable funding. Sources of free professional advice and the legal work necessary to establish the organization are also covered. Advice is also presented for organizations that are already operating but that have not finished all the necessary legal work. Ways to build a self–sufficient organization with loyal members, popular programs, and a reliable income are also delineated. Methods of making meetings fair and effective, the use of the publicity committee, the role of paid staff, and the need to adapt to constant change are discussed. Tested advice on the administration of a nonprofit organization is provided, with emphasis on the jobs of secretary and treasurer, the provision of budgets and financial reports for the board, the role of annual reports and audits, and the use of calendars and time lines to gain control of both funds and workloads. An annotated bibliography lists over 100 sources. The names and sources of publications from the U.S. Internal Revenue Service are also listed. Figures, tables, chapter notes, and an index are also provided. Author abstract modified.

342. Florida Citizens' Commission on Alcohol Abuse, Tallahassee.
Positive Alternatives Program: Plan of Operation.
Jul 80, 97p
SHR-0009256 Available from National Council on Alcoholism, 902 North Gadsden Street, Suite 202, Tallahassee, FL 32303.

This document presents a detailed plan for recruiting, screening, selecting, and training volunteers for Florida's Positive Alternatives Program, an effort to educate older adults about alcohol and drug abuse and then use them as program volunteers. A recruitment plan contains job descriptions, the numbers of volunteers needed, appropriate places to recruit, strategies, and tools such as speeches and news releases. The discussion of the selection process focuses on interviewing potential volunteers and includes sample applications and other useful forms. An orientation program is outlined that can be completed in one 4-hour session. Problems facing the older adult, alcohol abuse, drug misuse, causes of stress, and recreational alternatives for the elderly are among the topics covered. Lists of films and references are included, along with speeches on the medical consequences of alcohol and drug abuse, retirement, and stress. Also provided are publicity materials on the Naples, Fla., project and summaries of meetings held by the Florida Citizens' Commission on Alcohol Abuse. An evaluation component is described that addresses achievement of program objectives, volunteer training, and the impact of community education sessions. Volunteer report forms and questionnaires are appended.

343. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
Children's Protective Supervision: Program Evaluation.
17 Aug 80, 122p
SHR-0008502 Available from Department of Health and Rehabilitative Services, Office of Evaluation, Room 420C, Bldg. 1, 1323 Winewood Blvd., Tallahassee, FL 32301.

This study surveys district Protective Supervision (PS) staff in Florida in order to identify factors that may be constraining the effective delivery of PS services (e.g., staff training, unmet client needs, case planning, etc.), to assess casework quality and the extent of compliance with policy and law on selected items, and to evaluate the State program office operations. In addition, the study compares Florida's PS program in terms of organization, staffing, funding, client population, staff training, and program monitoring with similar programs in 47 other States. The study found that PS workers need more training in providing PS services, especially in terms of counseling parents and adolescents, performing legal / court activities, and case management. Florida conducts less PS training than other States and service quality has suffered as a result. Florida's PS program has received, on the average, less funding and staffing than other States. Current caseloads are above recommended levels to do an effective job. Client needs are often not assessed well at the direct service level. Only a few innovative program improvements have been developed, such as the Homebuilders Program, although the need for many more improvements has been great. The PS program has not been sufficiently emphasized, given its potential for less costly intervention with clients during early contacts with the department. Monitoring by State staff, while thorough and conscientious, has been conducted too infrequently over the last 5 years. Further, corrective action plans have not been developed for all the negative monitoring findings. Case file documentation is generally deficient, due to a lack of worker training and burdensome casework activity. State program office files need organization to be effectively used. Finally, more thorough client information is needed at the State level for pro-

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gram planning. Without this information, proactive directions for the program cannot be determined. Tables, footnotes, and appended forms and checklists are supplied. Report E-80-11. Author abstract modified.

344. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
Florida's Community Care for the Elderly Program. Evaluation Report (Phase III).
30 Dec 81, 56p
SHR-0009194 Available from Department of Health and Rehabilitative Services, Office of Evaluation, 1317 Winewood Boulevard, Tallahassee, FL 32301.

The final volume in a three–part evaluation of Florida's Community Care for the Elderly (CCE) program, this report describes the results of a followup study of clients after a year in the program. The CCE program provides homemaker, respite, chore, day care, home–delivered meals, medical transportation, and health maintenance services for the elderly in 44 of Florida's 67 counties. This study selected and stratified a sample of clients in January 1980 based on district and average CCE caseloads and then tracked and reassessed 227 of these individuals in January 1981. Within this group, 30 had died, 84 had discontinued services, and 113 remained in the program. Analysis of data on persons remaining in the program showed that CCE appeared to prevent hospitalizations or limit them to one per year. Improvements were seen in eight medical conditions, and some clients improved their self–sufficiency. The client profile did not change significantly over a year's time, and a random sample of new clients taken in January 1981 reflected the original profile. Most participants were white females, and 75 percent were 70 years or older, indicating that the appropriate target group was being served. The study found that clients left the program for three main reasons: entering a nursing home, moving from the area, or improved condition. An assessment by six Medicaid Utilization Review Committees of the 1981 sample of new clients concluded that 42 percent would need nursing home care immediately if community care was not available. Tables and recommendations for improving CCE services are provided. The appendices contain a client assessment form, rating scales for clients' functioning dimensions, and CCE core services dimensions. See also Phase I, SHR-0008501; Phase II, SHR-0009195. Report E-81-14. Author abstract modified.

345. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
Florida's Community Care for the Elderly Program: Management Study. Evaluation Report (Phase II).
30 Dec 81, 118p
SHR-0009195 Available from Department of Health and Rehabilitative Services, Office of Evaluation, 1317 Winewood Boulevard, Tallahassee FL 32301.

The second volume in a three–part evaluation of Florida's Community Care for the Elderly (CCE) program, this report focuses on program and management issues and outlines recommendations in the areas of communication, coordination, and finances. The CCE program provides homemaker, respite, chore, day care, home–delivered meals, medical transportation, and health maintenance services for the elderly in 44 of Florida's 67 counties. This evaluation covers the period January 1980 through June 1981 when increased funding allowed the program to expand considerably. Evaluation teams surveyed staff in a sample of 21 lead agencies, all 11 District Program Offices of Aging and Adult Services, and 11 Area Agencies on Aging (AAA). Financial management reviews were conducted in four districts. Although the districts and the AAA's indicated that communication was very good, the evaluation attributed

some problems in conflicting decisions and duplication of responsibility to a lack of effective communication. Clients had few complaints about the program, and those that were voiced were handled by case managers. Turnover rates for program staff were low, and a survey of direct service employees reported high morale and high levels of job satisfaction. Over half of the lead agencies had client caseloads that were well over the recommended average, and most agencies had waiting lists for both assessments and services. Case managers indicated that the most needed services were live–in or visiting companion, respite care, and homemaker and home health aide services. The financial review showed that CCE was generally operating within compliance, but technical changes were needed for agencies to follow acceptable financial procedures. Other areas assessed included data collection, training, program needs, and contracted versus noncontracted case management costs. Tables and definitions of core services are provided. See also Phase I, SHR-0008501; Phase III, SHR-0009194. Report E-81-13. Author abstract modified.

346. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
Programs for Emotionally Disturbed Children and Adolescents. Volume 2: The Clients.
11 Dec 81, 206p
SHR-0009193 Available from Department of Health and Rehabilitative Services, Office of Evaluation, 1317 Winewood Boulevard, Tallahassee, FL 32301.

This report presents demographic, behavioral, and treatment data on emotionally disturbed children and adolescents served by a variety of outpatient, day treatment, and residential programs in Florida. Researchers collected information from a random sample of 427 client case files in 37 different programs during February and March 1981. Variables examined were demographics, diagnoses, handicapping conditions, intelligence levels, academic problems, previous placement, reason for referral, referral source, time in treatment, discharge status, and medication. The report first provides detailed descriptive analyses for the full sample and then presents its findings broken down by program type. The age group most represented in the sample was 11 to 15 year olds, and males constituted 72 percent of the total group. There were more than 15 different diagnoses found in 325 client records, but the most frequent categories were adjustment disorders at 20 percent, conduct disorders at 18 percent, and schizophrenic disorders at 14 percent. The most frequently found handicapping conditions were learning disabilities and substance abuse. About 80 percent of the 200 cases for whom data were available were performing below grade level in basic skills. Almost half the sample had been referred by the Department of Health and Rehabilitative Services, while 21 percent had been sent by schools or 19 percent by parents or guardians. Half the clients' families earned less than $10,000 per year. The most notable findings of the study were the large amount of data missing from records, sometimes on critical variables, and the variability encountered on many client descriptors. Tables and the survey instrument are included, along with a list of programs surveyed, diagnostic criteria, and costs of the data collection effort. Report E-81-11.

347. Friedrich, Nancy.
Virginia Mason Hospital, Seattle, WA.
Teenage Health Care: A Planning Guide for Hospitals.
1981, 42p
SHR-0009110 Available from Nancy Friedrich, Virginia Mason Hospital, PO Box 1930, Seattle, WA 98111.

This planning guide stimulates interest in adolescent health care among hospital administrators and presents options for hospital involvement. It gives a national overview of teen-

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age health care, noting common health problems; nutritional and fitness problems; substance abuse problems; and the extent of chronic illness, sexually transmitted disease, pregnancy, and violence in this population. It observes that most communities have no programs or resources for teenagers and those that do have fragmented services. There is also a shortage of providers trained in adolescent health care, and public funding for teens is limited. Hospitals should be interested in teenagers' health needs because they will benefit from serving teenagers through increased outpatient volume and other benefits, and hospitals have resources uniquely tailored to serve the adolescent. Hospitals must first determine the adolescent health needs in their communities by interviewing medical staff and school staff; by reviewing hospital data; and by contacting health and social service staff, voluntary and religious organizations, law enforcement representatives, teenagers, and parents. The guide outlines ways hospitals can support existing programs, outreach, and educational efforts aimed at teens and explores direct service opportunities. Considerations unique to adolescent programs are highlighted in the areas of service organization, philosophy and purpose, cost, the providers' approach, facility needs, hours of operation, and other factors. Strategies for dealing with barriers to service delivery (due to consent and confidentiality issues, community and physician acceptance, etc.) are also examined. More information on features of quality outpatient, inpatient, and pregnancy programs is appended along with over 40 references.

348. General Accounting Office, Washington, DC. Human Resources Div.
Medicare Home Health Services: A Difficult Program to Control.
25 Sep 81, 58p
SHR-0009350 Available from General Accounting Office, Human Resources Division, 441 G Street NW, Room 6864, Washington, DC 20548.

This report assesses the reasonableness and medical necessity of skilled nursing care and therapy at 37 home health agencies, as well as the need for these services and compliance with Medicare's homebound requirements. Case files were reviewed, physicians were interviewed, and beneficiary homes were visited. The General Accounting Office (GAO) found that 27 percent of the visits reviewed were not covered under the Medicare program or their coverage status was questionable. Claims processing systems generally failed to detect the noncovered care, which GAO attributed to the lack of information on which to base an informed judgment. Determining whether beneficiaries were homebound was difficult. GAO found the homebound criteria to contain key undefined terms requiring the use of the assessor's own judgment. GAO also found that the use of aide services to assist beneficiaries with personal care could be substantially reduced because either the beneficiary or family and friend often could and would have provided the care required. GAO recommends that physicians be informed of the overuse of home health benefits, of program requirements, and of their role in authorizing services; that intermediaries apprise physicians of the noncovered services provided under plans of care they approve; and that the use of comparative analysis techniques be expanded and improved to better identify aberrant home health use patterns. Additional recommendations, tables, and footnotes are provided. Appended material includes the names of agencies and others reviewed, the home health manual's definition of homebound, and a questionnaire segment. Report to the Honorable Pete V. Domenici, United States Senate. Author abstract modified.

349. Gibelman, Margaret.
National Conference on Social Welfare, Washington, DC.
Need for Long Term Care: An Overview.

Aug 81, 13p
SHR-0009007 Available from National Conference on Social Welfare, 1730 M Street NW, Suite 911, Washington, DC 20036.

The need for long–term care will increase significantly as the proportion of the population that is aged rises in the next 50 years. If current trends persist, the number and range of individual support systems (i.e., the family as a resource) will lessen noticeably. Because the growth in the elderly population will outweigh that of the working population, the strain on public programs will be enormous. Indeed, the Social Security and Medicare programs are now witnessing net increases in the number of beneficiaries of around 600,000 annually. The issues surrounding intergenerational transfers from the working population to the aged will pervade a number of social policy areas. Most people in nursing homes need a significant level of service, even if these services could be provided in other settings. Expanding coverage of alternatives to institutionalization has been constrained by current governmental policy. Cost considerations have, in part, contributed to the constraints in policy change. Increased expenditures could be expected if informal or community support systems were instituted since new benefits would primarily help currently unserved populations rather than substituting for care in institutions. Biases also exist in favor of nursing home usage, particularly in such programs as Medicaid. Moreover, fragmentation in the funding and delivery of noninstitutional services results in an artificial split between medical and social services, which makes it difficult for the individual to receive needed nonmedical care benefits. Inherent problems exist in defining the need for long–term care, and a distinction should be made between need for services and the need for government–funded services. Need is as much related to the availability of family supports as it is to medical or functional disability. Policy changes encouraging the initiation or expansion of informal community supports are needed to meet current and anticipated long–term care needs. Publicly supported programs that encourage and enable the development of community–based alternatives warrant critical examination in the immediate future. Tables, graphs, and nine references are included. Long Term Care: In Search of Solutions. Author abstract modified.

350. Gioglio, Gerald R.
New Jersey State Dept. of Human Services, Trenton. Bureau of Research.
New Jersey Division of Youth and Family Services' Green Thumb/Foster Grandparent Program: Older Paraprofessionals in Child Welfare Services.
Dec 80, 179p
SHR-0009339 Available from the NJ Division of Youth and Family Services, NJ Department of Human Services, Trenton, NJ 08817.

This report describes and evaluates a New Jersey program in which elderly persons were used as paraprofessionals in child welfare services, particularly in cases involving child abuse or neglect. This program, sponsored by the Division of Youth and Family Services, employed persons aged 55 to 76 in eight of the agency's network of district offices. These older workers were called foster grandparents and went into homes to help overburdened caseworkers handle the problems of families in distress. The evaluation was conducted by means of pretest interviews with 27 foster grandparents and 29 professionals and posttest interviews with 28 foster grandparents and 36 professionals. The interviews revealed that the foster grandparents' main activities were offering friendly or supportive advice, becoming a role model for the children, becoming a role model for the parents, and providing transportation for clients. The caseworkers also noted that the foster grandparents increased the caseworkers' ability to monitor the family and were able to spend more time with a client than was possible for the caseworker. Caseworkers did not view the intro-

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duction of the foster grandparents as a threat to their employment. The professionals also perceived a decrease in the seriousness of the abuse and neglect situation in those client families serviced by foster grandparents. The education and occupational background of the foster grandparents had no bearing on their ability to help clients achieve case goals. The program also improved the foster grandparents' morale, life satisfaction, and job satisfaction. Results indicated that agencies should concentrate on finding concerned, warm, empathetic persons who are willing to learn and eager to help. Several recommendations are offered to improve the program in the areas of coordination, training, transportation, recognition, and provision of career opportunities for the foster grandparents. Program expansion is also recommended. Figures, tables, and appendices presenting study instruments and related information are provided.

351. Goldman, Marilyn; and Pardew, Donald L.
Social Services Research Inst./WRI, Washington, DC.
State-of-the-Art Report on Social Service Training.
Apr 80, 164p
SHR-0007364 Available NTIS PC $15.00/MF $4.00

This report on State and local training activities funded under Title XX of the Social Security Act offers a framework for assessing the effectiveness of government funding support of social services staff training and future needs in this area. The report summarizes the law, the rules and regulations, and the policy statements on which funding is based and traces the history of social services training and its attendant State expenditures. Existing data on Title XX training are interpreted and reviewed, and the management, delivery, and effect of the State Title XX programs are examined. A review of notable training models, research studies, and training evaluation methodologies indicates successful projects. A proposed ceiling on training funds is discussed, along with the increase in training costs and the need for cost reductions that do not impair training capability. Finally, future policy and program options are identified and research is recommended to support selection among these options. Guidance is given for improving State and local Title XX training programs, with indications of areas where States are most likely to need technical assistance to meet new Federal mandates regarding training improvement. The data were obtained from numerous reference services, publishers of training materials, training project records, and interviews with program staff and experts. Tables and charts are given. Part of the Title XX Training Survey and Assessment Project.

352. Graubarth, Robin P.
National Women's Health Network, Washington, DC. Rural Health Issues Committee.
Patterns for Change: Rural Women Organizing for Health.
Jun 81, 63p
SHR-0009306 Available from National Women's Health Network, 224 7th Street SE, Washington, DC 20003.

This manual provides background information on the health care problems and needs of women living in rural areas of the United States, presents instructions for organizing women's health organizations to seek change, and describes three examples of three organizations that have developed innovative volunteer programs to deal with the health needs of rural American women. Information for the manual was gathered by means of a literature review, a survey on health advocacy in 19 rural health organizations, and three national meetings attended by an advisory committee, representatives of rural health organizations, and members of the National Women's Health Network. The analysis revealed that health care is either inaccessible, unacceptable, inadequate,

or unavailable to large numbers of rural Americans, and that the majority of those who need and actually receive health care are women and children. However, rural women's health problems are often considered solely within the context of childbearing or family planning. The medical profession and health planners have not been accountable to the total spectrum of women's needs and interests. Twelve recommendations for addressing rural American women's health needs are offered. Guidelines on organizing for change focus on community outreach, volunteer recruitment and training, fundraising, conducting public relations efforts, and organizing advocacy efforts. Case studies are presented for three action sites: the Mari Spehar Health Education Project in Fayetteville, Ark., the Santa Fe Health Education Project in Santa Fe, N.M., and the Southern Vermont Women's Health Center in Rutland. A resource section lists women's health organizations, rural organizations, consumer and activist organizations, books and other publications, national media, and resources for fundraising and community organizing. An appendix presents background information on the survey instrument and a sample copy of the instrument.

353. Greenman, Barbara W.
Institute for Health Planning, Inc., Madison, WI.
Cost-Based Reimbursement: Health Care's Disease.
Jan 82, 35p
SHR-0009165 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

This report analyzes the cost-based reimbursement system for health care which, because it assures payment for services after they are incurred, hampers attempts to achieve control over costs. It provides an historical perspective on reimbursement mechanisms and analyzes the effects of insurance on health care costs. It also presents the various reimbursement principles and practices used by public and private third part payers who, in 1980, paid for more than two-thirds of health care expenditures. The cost-based reimbursement system has fueled inflationary cost increases. The insurance mechanism has encouraged the overuse of health resources and has created a significant problem of moral hazard and consequent welfare loss. Attempts to control the cost spiral have come about under Medicare and Medicaid; under the Economic Stabilization Program, which held hospitals to wage and price controls in 1971; and under State-initiated rate reviews and rate-setting procedures to limit hospital rate increases. Health maintenance organizations have an incentive to control costs since they must absorb the loss if costs exceed the income from fixed payments. Future attempts to change the cost-based reimbursement system will remain piecemeal. Tables, graphs, and endnotes are included. Appendices provide a glossary and 34 references. Author abstract modified.

354. Grosser, Rene C.; and Winfrey, David A.
Colorado Div. of Mental Health, Denver.
Rural Versus Urban Contrasts in Mental Health Service Delivery: A Study of Client Admission Characteristics in Colorado.
Jul 81, 27p
SHR-0009091 Available NTIS PC $7.50/MF $4.00

This study examined the delivery of mental health services among rural and urban areas of Colorado by comparing the characteristics of persons entering the 23 publicly funded mental health centers and clinics and 2 State hospitals during fiscal year 1979 to 1980. Clients were grouped according to their geographic residence along an urban-rural continuum consisting of six categories ranging from pure rural to Denver's urban center. The highest admission rates were from northwest Denver with its low-income neighborhoods, but the next highest rates occurred in rural areas. Children and adolescents comprised a somewhat larger pro-

portion of admissions from rural compared to urban areas, possibly due to fewer counseling resources in rural schools. Adults between 18 and 40 years accounted for the majority of admissions in every geographical area, and women constituted the majority of admissions in all areas except northwest Denver. The urban areas admitted a larger percentage of clients at the lower income level, while clients from rural counties generally showed more diversity in educational and income levels than those from urban locations. Other characteristics analyzed included household size, referral source, diagnosis, and exit from the system. A concluding summary notes that rural–urban contrast cannot be viewed as a straight continuum, but that the highest results on many items were observed in the most rural and the most urban areas. Implications of these findings for mental health programs are discussed. Tables and references are included.

355. Grubbs, Donald S.
Buck (George B.) Consulting Actuaries, Inc., Washington, DC.
Study and Analysis of Portability and Reciprocity in Single Employer Pension Plans. Report on Task C: Analysis of Portability.
Aug 81, 107p
PB82-100421 Available NTIS PC $12.00/MF $4.00

Based on reports filed with the Department of Labor and a survey of 25 reciprocity networks, this study examines portability and reciprocity arrangements that currently exist among pension plans sponsored by private single employers. Portability is the ability to transfer an individual's vested pension credits to a succeeding plan or central clearinghouse upon termination of employment. Reciprocity generally means an arrangement between two or more independent pension plans to recognize employee service in the other participating plans for various purposes. The report first discusses the objectives of pension plans, including qualified pensions, profit sharing plans, stock bonuses, annuities, and bond purchases. It analyzes vested benefits that portability is designed to preserve and lump sum distributions that may dissipate vested benefits and increase the need for portability. Reasons for portability are detailed, as are its costs to employers, tax considerations, and relevant laws. Also discussed are rollover individual retirement accounts and types of portability, such as centrally administered networks covering employees not under common control. The outlook for portability under the present law is projected, along with legislative and regulatory changes that could influence future trends. Finally, the report explores the feasibility of a Federal portable pension system.

356. Gutowski, Michael; Harder, Paul; Koshel, Jeffrey; and Muzzio, Timothy.
Urban Inst., Washington, DC.
Changing Patterns in Rehabilitation Manpower.
Jul 81, 141p
SHR-0008824 Available NTIS PC $13.50/MF $4.00

Major factors affecting the demand for and supply of rehabilitation manpower, as well as manpower issues facing the rehabilitation industry over the next 5 years, are analyzed. Shifts within manpower utilization patterns in the rehabilitation industry have resulted from declining growth in State–Federal vocational rehabilitation programs and from the concurrent expansion of private profitmaking rehabilitation firms. The general oversupply of professionals trained in the social and behavioral sciences has had a dampening effect on the market for trained rehabilitation graduates. Positions in State agencies have been limited by inflation and by budget cuts. Some employers appear to be substituting less expensive labor for the traditional master's degree in rehabilitation counseling. The Federal Government must decide whether to continue to support rehabilitation counselor training at the current level. The Rehabilitation

Services Administration (RSA) has never restricted the types of jobs that training program graduates may take. But as more and more graduates are finding employment with for-profit companies and for-profit firms tend to serve the easiest-to-rehabilitate clients, the RSA may be inadvertently increasing the difficulty of the State agency's job. Manpower shortages do exist for medical rehabilitation personnel, particularly psychiatrists, rehabilitation nurses, and physical and occupational therapists. More research is needed to determine the extent to which experts in other medical areas may be substituted for rehabilitation specialists. RSA may need to increase its commitment to rehabilitation training for other medical specialties as part of the medical education process and as part of continuing education for physicians. Research is recommended on the private for-profit rehabilitation sector and implications of its growth, on the uses of medical rehabilitation personnel, and on the development of an objective performance appraisal system for vocational rehabilitation personnel. Tables, graphs, and a bibliography are supplied.

357. Halper, Gertrude; and Jones, Mary Ann.
New York City Human Resources Administration. Special Services for Children.
Serving Families at Risk of Dissolution: Public Preventive Services in New York City.
Feb 81, 179p
SHR-0009360 Available from Freedom of Information Section, 220 Church Street, 6th Floor, New York, NY 10013.

This report describes the experiences, results and evaluation of a project that tested whether comprehensive intensive services delivered directly to families at risk of separation by a large urban public child welfare agency can prevent placement and improve the children's lives in their own homes. The research covered 2 years; the sample consisted of 120 families, randomly assigned to experimental and control groups of 60. The experimental group received intensive services from the project while the control group received the agency's usual course of services for "at risk" families. The project helped parents improve parenting and problem-solving skills, improved the environment in which the families lived, and offered supplementary relationships and activities to children. Individual and family counseling using individualized treatment techniques, based on a diagnostic assessment, was the main service offered. Innovative techniques included use of a family assistant / special friend, financial assistance for emergencies, and a 24-hour hotline. Results indicate that the services delivered were effective in preventing placement for all but 6 of the 156 children in the experimental group, as compared to placement of 22 of the 126 children in the control group. At the end of the evaluation period, 1 experimental group child remained in placement, while 12 experimental group children continued foster care. Findings also indicate that family functioning improved in most families who received project services, although some families will require continued supportive services. The project evaluation assessed client characteristics, services received, and program outcomes, and conducted a client followup interview. Tables, charts, and references are provided separately for the program report and the evaluation report.

358. Haveman, Robert H.; and Palmer, John L.
Brookings Institution, Washington, DC.
Jobs for Disadvantaged Workers: The Economics of Employment Subsidies.
1982, 336p
SHR-0009178 Available from The Brookings Institution, 1775 Massachusetts Avenue NW, Washington, DC 20036.

Nine papers presented at a 1980 conference held at the Brookings Institution examine the

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operation and effects of various types of Federal subsidies designed to create jobs in the private sector for workers with structural employment problems. The papers include theoretical and empirical analyses of the effects of targeted employment subsidies on inflation and economic efficiency, on the distribution of employment, and on the behavior of business firms. The effects of worker wage subsidies are compared with those of employer wage subsidies and family income–tested cash grants. Administrative issues affecting program design and the European experience with employment subsidies are also explored. The conference participants concluded that the positive employment and inflationary effects of employment subsidies predicted by standard economic theory are corroborated by nonstandard disequilibrium and job search models. The effectiveness of employment subsidies is strongest during the upswing and downswing phases of the business cycle, which suggests a role for temporary targeted subsidies if countercyclical as well as structural goals are to be pursued. If a subsidy is to have its desired impact, the target group must be carefully defined. Employee–based employment subsidies may be an attractive alternative both to employer subsidies and to other kinds of income maintenance programs under certain conditions. However, substantial design and administrative problems must be overcome if a targeted employment subsidy is to be an effective policy measure. One important design issue is the definition of the threshold of employment above which subsidies will be paid. More adequate data, design, and statistical measures are needed to achieve effective evaluations of employment subsidy programs. Figures, tables, footnotes, and an index are provided. Brookings Studies in Social Economics Series, volume 20. The papers and formal discussion presented in this volume were delivered at a conference held on April 3-4, 1980. Author abstract modified.

359. Health Resources Planning and Development, Inc., Harrisburg, PA.
Medicaid: A Review of Current Issues.
11 Feb 82, 14p
SHR-0009352 Available NTIS PC $6.00/MF $4.00

Budget reductions and other legislative changes affecting Medicaid are outlined, and the impact of these changes on State policies and program beneficiaries are discussed. Medicaid is now facing budget cuts and "restructuring." Decreases in Federal payments to the States and waivers affecting eligibility, type of service, and freedom of choice have come about as a result of new rules issued by the Department of Health and Human Services. A proposal for some sort of copayment is also being planned. Medicaid beneficiaries will be directly affected by the new and proposed changes, particularly in those States with significant programs. Smaller political jurisdictions will also be affected as funding cuts and deregulation are passed on down the line. Urban and rural hospitals serving Medicaid populations are also apprehensive over the proposed cuts and the effects of new rules. All of the changes do not attack what many see as the real problem, namely structural flaws in the whole health care system. What is attacked is the philosophic commitment Medicaid represents. This is being replaced with a concern solely for the financial aspect. Ten notes are appended. Board/Community Education Series, report no. 3. Author abstract modified.

360. Hedrick, Terry E.; Oros, Cheryl J.; and Schmutte, Gregory T.
Two CETA Youth Employment Programs: Evaluation in a Local Setting.
1981, 22p
SHR-0009103 Pub. in Evaluation Review v5 n6 p723-744 Dec 81.

This article describes collaborative efforts between university researchers and a Comprehensive Employment and Training Act (CETA) prime sponsor to evaluate different counseling approaches in an Ohio employment and training program for disadvantaged and out–of–school youth. Participants in CETA's Title III program

must be economically disadvantaged, in contrast to the brief period of unemployment that defines eligibility for CETA Title I services. In this project, youths are allowed to select the regular Title I program or the Title III option with a career exploration component. Title III youths were divided randomly between a short-term vocational (one-on-one) counseling program with aptitude and interest testing and a classroom program that stressed clarifying values, setting goals, and making decisions. The evaluation design included pretests and posttests of all youths, the I-E Locus of Control Scale, and a custom-designed Career Information Measure. Problems encountered by the evaluation are detailed, such as lack of staff interest in career exploration programs, implementation delays, and loss of data because youths refused to take tests or turned in unusable forms. Followup rates were abysmal, largely because of the client group's mobility and limited resources. Program outcomes were assessed by dropout rates, client satisfaction, and impact on clients' work lives and earnings. Although dropout and satisfaction ratings suggested that the values clarification approach was more effective, an analysis of all variables revealed no differences in outcomes between youths referred to the one-on-one and values clarification programs. Implications of this experience for other CETA evaluations are discussed, as is the feasibility of experimental evaluation at the local level. Tables and 10 references are provided.

361. Hietala, David A.
Wisconsin Univ.-Stout, Menomonie. Materials Development Center.
Production Scheduling for Rehabilitation Workshops.
Dec 80, 23p
SHR-0009095 Available from Materials Development Center, Stout Vocational Rehabilitation Institute, University of Wisconsin-Stout, Menomonie, WI 54751.

This manual examines production scheduling procedures for the sheltered workshop. The procedures are designed to meet workshop requirements for a production schedule that takes client performance levels, varying work hours, and other factors into account. Production scheduling for the sheltered workshop is defined as the planning process for determining what has to be done, how long it will take, who will work on which task, and when to begin and finish each production job. From the production / business perspective, production scheduling has three benefits: increased profits, better supervision, and enhanced safety practices. From the rehabilitation perspective, effective production scheduling has four major benefits: order (discipline), worker accountability, training, and scheduling rehabilitation activities. The production scheduling process centers on five basic steps: (1) determining the basic production steps and refining specific production methods, (2) determining how long the job will take, (3) determining who will do the work, (4) deciding when to begin, and (5) putting the schedule together. To make production scheduling work, management must support it by informing staff about the new program, allocating staff to do the actual scheduling, delegating authority and responsibility to the one person or department responsible for production scheduling, supporting the production schedules, and recognizing and rewarding persons and departments that meet or exceed the scheduled requirements. Figures, sample forms, and a three-item bibliography are included.

362. Hogan-Moriarty, Pamala; Schatan, Barbara; and Badeaux, JoAnn.
Child Development Resource Center, Soquel, CA.
How To Open a Child Care Program in Santa Cruz County.
1980, 201p
SHR-0009356 Available from Santa Cruz County Board of Education, 809 Bay Avenue, Suite H, Capitola, CA 95010.

362.

This manual gives step–by–step instructions for establishing a child care or preschool program, with emphasis on starting a program in Santa Cruz County, Calif. The need to find outside funding or to have cash or assets amounting to about three times the operational costs is emphasized. Guidelines are provided on finding a site for a child care center, meeting fire regulations, obtaining licensing, and obtaining special use permits. The guidelines also review available funding and supportive services, including reimbursement programs, funding services, and agencies that can provide staff to supplement the center. Administrative tasks, functions, and responsibilities are also reviewed. Sample materials include budget forms, incorporation procedures for becoming a nonprofit corporation, guidelines for program planning and the setting of goals, personnel and admission policies, and job descriptions. The various health, safety, and nutritional components of a child care program are also reviewed. Sample forms, lists, and resources to aid the planning of these program components are provided. Guidelines are also given for implementing an evaluation of the program. An extensive resource section gives sources of inexpensive materials for a child care center, booklists for children and parents, and a checklist of materials needed to supply a center. Child Development Resource Center Informational Packet. Author abstract modified.

363. Hughes, Susan Lane.
National Center for Health Services Research, Hyattsville, MD.
Evaluation of a Comprehensive, Long Term Home Care Program for Chronically Impaired Elderly.
1981, 295p
SHR-0009181 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

The dissertation evaluated the Five Hospital Homebound Elderly Program (Chicago, Ill.), a model long–term home care demonstration project that is community–based and provides a unique combination of medical and social supportive services to chronically impaired homebound elderly. The evaluation encompassed both impact and process issues and used a pre/posttest quasi–experimental design with a nonequivalent control group. The comprehensive functional status of 122 consecutively admitted Five Hospital clients and of 123 controls was assessed at admittance and 9 months later, using the Duke / OARS Multidimensional Functional Assessment Questionnaire. The control group consisted of recipients of a home–delivered meals program who lived in the area and who were also elderly and impaired. The two groups were remarkably similar both before and after treatment. Effects of treatment on functional status included a trend towards perception of improved social supports, mental health, and physical health, as well as a significant decrease in unmet needs among experimental subjects. A highly significant difference was observed in the rates of institutionalization of the two groups, with experimental subjects experiencing this outcome less frequently than controls. The program was beneficial to its clients and has important implications for the development of national long–term care policy. Figures, tables, notes, and about 60 references are included. Study instruments are appended. Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Welfare to Columbia University, 1981. Author abstract modified.

364. Huneke, Diane.
Missouri Coalition Against Domestic Violence, Columbia.
Domestic Violence in Missouri: A Needs Assessment.
1981, 20p
SHR-0009089 Available from Missouri Coalition Against Domestic Violence, PO Box 7242, Columbia, MO 65205.

Compiled from data obtained from 15 organizations serving victims of domestic violence in Missouri, this report develops a composite picture of clients in Missouri, assesses the availability of services, and assesses the quantity and sources of funding for women's programs. Abused women tend to remain in abusive situations and generally exhibit passivity, helplessness, and low self-esteem. Only 12 counties out of 115 in Missouri have local shelter services or a referral service. Six more grassroots groups have been formed and need funding, and several projects may close because of funding inadequacy. Over 8,000 women and over 9,000 children might use women's services if they were available. In 1981, 12 programs estimated that they served 1,298 women and 1,443 children in shelter, and a total of 3,741 clients. Less than 20 percent of the total estimated client population received services. Supportive legal, medical, mental health, and social services are frequently unavailable to abused women, although data suggest that the helping professions are becoming more responsive. In addition, recent Federal and State funding cutbacks will adversely affect those programs that have in the past provided support services. At present, only one shelter offers comprehensive children's services. The total estimated 1982 women's shelter and center budget shows a statewide deficit of 24 percent, or $245,235. The estimated cost of providing services to clients is about 10 percent of the average cost per client of State mental health services. Funding is provided primarily by individuals, with 1982 projected funding including State, private, city, county, United Way, and church funding. Tables, maps, and 25 notes are supplied.

365. Illinois Dept. on Aging, Springfield. Div. of Planning.
Family Support Program: Project Report.
Nov 81, 21p
SHR-0009081 Available NTIS PC $6.00/MF $4.00

This report discusses the activities and achievements of Family Support, a 1-year project jointly sponsored by the Illinois Department of Public Aid, Bureau of Title XX Administration and the Illinois Department on Aging, Division of Planning. The project tested the feasibility of foster placement as a housing alternative to institutionalization and determined the extent of the need for this type of service. The project also investigated the need for other supportive services to promote or to maintain placements. The two project sites were Lutheran Social Services of Illinois (Rock Island / Moline) and the Council for Jewish Elderly (Evanston, Ill.). Each project site offered geriatric foster care placement services at no fee to eligible clients. Services included identification, recruitment, screening, and assessment of clients over age 60 who were unable to maintain an independent residence; identification, screening, and recommendation of foster families; assistance in matching clients and foster families; provision of intermittent respite care; and monitoring, counseling, and service linkage during matching and following placement. Four independent variables were used to evaluate the two projects: effect of site, effect of relation of family, effect of type of placement, and client characteristics. In addition, the project evaluation reviewed dependent measures such as program cost, client cost, and program activities. Recommendations toward future program development—in terms of policy, budget, and procedures—are provided. Graphs are given. Author abstract modified.

366. Institute for Health Planning, Inc., Madison, WI.
State Agency Transition Activities: Report of a Seminar.
Nov 81, 45p
SHR-0009166 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

This report outlines six States' future health planning strategies in the face of Federal funding reductions and the elimination of Health

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Systems Agencies (HSA's). The States—Washington, Indiana, New York, Ohio, Iowa, and Idaho—varied in demographic characteristics, attitudes toward health planning, and position of the State planning agency (SPA) within the State government. Most SPA representatives anticipated minimal changes in certificate-of-need (CON) programs, such as instituting fees to reduce the number of applicants. Many States will maintain a CON program even if Federal support is withdrawn but for varying reasons. Most participants felt that HSA's will not survive in this era of budget constraints and that SPA's will have to assume the extra burden of local planning functions. This situation will require maintenance of only the most important program activities, streamlining of procedures, and dependence on other groups for local input into the State planning process. Despite the freedom implied by block grant regulations, the consensus was that flexibility was limited and block grants were primarily a mechanism for shifting programmatic cutback decisions to the States. A summary of the discussions accompanies each group of papers. Papers presented at a seminar held in Indianapolis, Indiana, on November 18-19, 1981.

367. Institute for Information Studies, Falls Church, VA.
Highlights Report on Developing Public/Private Partnerships in Human Services: A Conference.
Apr 81, 34p
SHR-0008997 Available from Institute for Information Studies, 200 Little Falls Street, Suite 104, Falls Church, VA 22046.

This report presents highlights from a conference on how to expand public / private partnerships in the provision of human services. Issues discussed include the likelihood of philanthropy filling the gap created by the reduction of Federal and State funding of human service programs; the question of whether corporate officials are prepared to accept the challenge implicit in reducing the role of government in community and human service programs; and the actions taken by businesses, unions, and the private voluntary sector on their own or as part of a coalition. Plenary sessions focused on perspectives on current and future roles in human services, corporate involvement in human services, and developing public support for human services. Concurrent workshops dealt with new ideas on how to use the nonbudgetary powers of local government to tap existing private sector resources to meet social welfare needs and human services strategic planning. The observation is made in a keynote address that the proposed level of block grants reflects a 25 percent reduction. Reductions are also being implemented in the level of reporting, and specific requirements are being eliminated or made more flexible. Basically, the States will have the authority to set their own priorities, development plans, and reporting requirements. The Federal role will be mainly to provide leadership to the States in the development of models for implementation; to facilitate the exchange of information on best practices; to provide technical assistance to States, especially during the transition period; and to support research and demonstrations to develop new mechanisms for more effective implementation. The main theme of the conference was the critical need to create supportive systems that are based on cooperative networks of private (corporate and voluntary) and public (mainly local government and community) endeavors to help the needy. Appendices give conference evaluation summaries and contact information. Conference held in Rochester, New York, on April 22-23, 1981.

368. International Science and Technology Inst., Inc., Washington, DC.
CAP Management Guide: An Information Systems Guide for Community Action Agencies.
Sep 81, 162p
SHR-0008796 Available from International Science and Technology Institute, Inc., 2033 M Street NW, Suite 300, Washington, DC 20036.

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This manual is intended to assist community action agencies in developing and maintaining their own information systems. It describes a detailed step–by–step method for developing a data collection and retrieval system that can be readily used by most community action agencies. The manual also provides a series of practical approaches to specific information system problems. It incorporates materials and examples drawn from 15 information systems now in use in over 75 community action agencies and integrates detailed comments and insights obtained from onsite reviews of 6 of these systems. Specifically, the manual addresses cost–effectiveness and other advantages of information system support in community action agencies and gives suggestions on how to manage a community action agency information system development effort. How to conduct an information system effort is detailed in terms of seven phases, from exploration through design and implementation to installation and system enhancement. Specific guidelines are offered on where to find resources; how to use consultants and prepare contracts, conduct a cost / benefit analysis, write clear procedures, define community action agency terminology, design data input forms, and present data creatively; and where to learn more about information systems. Addresses are listed for information sources and 14 selected readings are recommended. Appendices contain sample output and input forms and a glossary of basic data processing terms. Flow charts illustrate the text.

369. Isaacs, Mareasa R.
Alpha Center for Health Planning, Bethesda, MD.
Issue Paper: The Use of Nursing Homes as Long-Term Care Facilities for the Chronically Mentally Ill.
Feb 82, 77p
SHR-0009273 Available from Alpha Center for Health Planning, 7316 Wisconsin Avenue, Suite 400, Bethesda, MD 20814.

This paper examines the growing use of nursing homes as treatment sites for deinstitutionalized mentally ill patients. The paper assumes that nursing homes, with their current program activities, staffing, and proprietary nature, are inadequate facilities for the care of large numbers of chronically mentally ill patients, most of whom depend on public funds. If proposed cuts occur in Federal Medicaid, Medicare, and supplemental security income funds, publicly funded patients will have even fewer nursing home placements available to them. As many as 44 percent of the chronically mentally ill are now cared for in nursing homes, as compared to 12 percent in State and county mental hospitals. An additional 20 to 30 percent are thought to be living in various board–and–care homes, personal care homes, halfway houses, and welfare hotels, many of which are not regulated. Studies have shown that the transfer and placement of chronically mentally ill patients in nursing homes have not led to their reintegration into the community, to higher levels of functioning, and / or to significant cost savings overall. Issues surrounding nursing home care for these patients include the lack of accountability, adequacy of nursing homes as "care" facilities, the use of private nursing homes as quasi–public institutions, and the present structure of the health care reimbursement system. Proposed solutions and suggested planning initiatives are discussed, and implications for States' decisionmaking and policies are highlighted. Fifty notes and appended policy statements and reports are provided.

370. Jacobson, Solomon G.
Center for Responsive Governance, Washington, DC.
Evaluating Citizen Participation: Human Services Programs.
1980, 31p
SHR-0008875 Available from Center for Responsive Governance, Publications, 1100 17th Street NW, Suite 313, Washington, DC 20036.

370.

The study examines the major human service program in which citizen participation has been evaluated (i.e., the Title XX program of social services), and describes methods and measures for use in future evaluations of citizen evaluation. In 1974, Title XX of the Social Security Act set up a Federal program of Social Services for Low-Income and Public Assistance Recipients. The program was intended to put a ceiling on purchase of services under previous assistance programs. Title XX regulations require public participation in the development of the annual services program. A study by the Urban Institute to measure the impact of citizen participation on Title XX decisionmaking shows that client involvement has often been on the part of organized representatives and articulate advocates of provider interests rather than rank-and-file consumers. Few eligible consumers are even aware of participation possibilities. In fact, less than 6 percent of the persons expected to receive services in the State participate in planning social service programs. Furthermore, mobilization of constituents has proved a complex and time consuming business, requiring to be a participant education and consensus before action is possible. Other studies support these findings. To improve evaluation of citizen participation, measures must be identified for assessing as input types of participation (e.g., advisory committees, advocacy groups, direct delivery of services, boards) and citizen influence, program performance, and citizen attitudes as output. Possible evaluation methods include the experimental approach, nonexperimental approaches such as case studies and descriptions may be made comparable by establishing common definitions and basic units of analysis, developing baseline measurements through descriptive studies, and supporting short-term evaluations designed to answer a variety of policy-relevant questions in a timely and cost-efficient manner. A 16-item bibliography and an appendix containing a list of programs are supplied. Working Paper Series WPS-80-07.

371. Jankovic, Joanne; Green, Ronald K.; and Cronk, Shanler D.
Tennessee Univ., Knoxville. Office of Continuing Social Work Education.
Juvenile Justice in Rural America.
1980, 141p
SHR-0009281 Available from Superintendent of Documents, Government Printing Office, Washington, DC 20402, order number 027-000-01074-1.

This publication explores rural juvenile justice issues and changing patterns, rural strategies for helping troubled youth, and decisionmaking problems encountered that affect rural juvenile services. A consideration of the various elements that constitute the juvenile justice system—police, courts, probation, and dispositional alternatives—notes the difficulty in implementing urban-oriented standards in rural areas. An historical overview of research into rural crime and delinquency examines the period 1930 to 1979 and offers suggestions for future research. The report compares rural and urban juvenile court practices and offers suggestions for dealing with problems of rural programming for juvenile offenders. It explores the rural response to major juvenile mandates in West Virginia and New Jersey. It presents a descriptive analysis of the rural delinquent, a study of adolescent self-reporting of drug use and delinquency patterns, and issues pertaining to rural runaways. Rural child abuse and protection are discussed, and the rationale behind the use of short-term group homes in rural areas is presented. An examination of rural youths' vocational problems shows how lack of such opportunities often results in disenchantment and delinquent behavior and how certain issues impede the implementation of progressive education in rural areas. The final chapter suggests the application of some basic economic principles to make best use of scarce resources and elaborates a problemsolving framework to help assess potential consequences of various policy program choices. Tables, graphs, and chapter notes are provided. Papers presented at the Na-

tional Symposium on Rural Justice held June 20-22, 1979, in Knoxville, Tennessee.

372. Johnson, Lloyd W.
Beltrami County Service Center, Bemidji, MN.
Keeping It Together: How to Develop and Maintain a Rural Child Protection Team.
1980, 69p
SHR-0008893 Available from Mr. Lloyd W. Johnson, 321 Norwood Drive, Bemidji, MN 56601.

This handbook explains how to develop and maintain a multidisciplinary rural child protection program, based on the experiences of the Beltrami County Child Protection Team (Minn.). The components of team development in this case involved selecting team members based on their experience with children and other factors, having members get acquainted, establishing data privacy and confidentiality rules, examining the magnitude and complexity of the problem, establishing the organization structure, training team members, developing policy, discussing case activities and team functions, and asking for formal recognition. Case activity consisted of case investigation, consultation, coordination, and review. Public relations and resource development were also emphasized. Regularly scheduled meetings, preparation of an agenda in advance of the meeting, communication among team members, flexibility, and confidentiality were all factors contributing to team maintenance. Community and social service agency support were also essential. Team members cite the benefits of working for a child protection program. Minnesota statutes, team retreat agendas, and an article describing a typical case are appended.

373. Jove, Edward; Storfer, Miles; and Newcomer, Susan.
New York City Human Resources Administration. Office of Policy and Economic Research.
New York City Social Report.
Feb 82, 31p
SHR-0009355 Available from The Human Resources Administration, Office of Policy and Economic Research, 71 Worth Street, 4th Floor, New York, NY 10013.

This report provides information profiling social and economic conditions in New York City for the third quarter of 1981. The indicators were chosen on the basis of their potential usefulness to social service management, planning, and analysis in government and community organizations. Tables show current data as well as percent changes from previous periods. The indicators are classified into five categories: transfer payment programs, social services programs in New York City, general New York City population statistics, economic indicators, and social indicators such as crime and addiction statistics. Data show that the number of public assistance recipients in the third quarter of 1981 was 858,270, down 1 percent from the last quarter's monthly average. An estimated 30,000 public assistance and food stamp recipients have been or will become ineligible for these programs as a result of the recently enacted Federal cutbacks in these programs. The number of aged, blind, and disabled persons receiving supplemental security income fell sharply in the third quarter as a result of the 14–percent increase in social security benefits. In September 1981, 58 percent of public assistance households living in private housing accommodations received shelter allowances equal to the State maxima, up 8.3 percent from the September 1980 percentage. Medicaid expenditures, at $769 million in the third quarter, were up 3.4 percent from the previous quarter and up 20.6 percent from year–earlier levels. The city's unemployment rate was unchanged (8.7 percent). Over the past year, unemployment rates for women and minorities have increased, while rates for whites and men have improved. Tables, footnotes, and about 35 sources are provided. Errata sheet included. Report no. RR-SOC-3-81. Author abstract modified.

374. Kardon, Robert Morrow.
Santa Cruz Community Counseling Center, Inc., CA.
Character of a Participative Organization.
1981, 152p
SHR-0008621 Available from Santa Cruz Community Counseling Center, 421A Ocean Street, Santa Cruz, CA 95060.

This case study reports the 8–year history of the evolution toward a participative management system in the nonprofit Santa Cruz Community Counseling Center, Inc. (SCCCC, Inc.) in California. The study is designed to add to the case studies of social service organizations and to be used as a planning tool within that agency. Special attention is given to community support, competition, and conflict. The paper examines elements common to all organizations: incentive systems, communications, human relations, planning and budgeting, handling of conflicts, management and leadership styles, authority and accountability, and responses to the need for innovative technological change and risk taking. Emphasis is given to the effects of the participative management system on the agency's 85 employees. The major decisionmaking bodies within the organization are historically traced and current practices are described. A number of special topics are presented, including the meaning of good citizenship in a participative environment, the cost of participation, employees' perceptions of fairness and satisfactions, and the need for education toward effective participation. Possible weaknesses of the participative mode in SCCCC, Inc., are examined and possible solutions are suggested. The analysis generalizes some of the findings to the field of public administration and suggests some specific transferable applications. Charts, tables, footnotes, and about 50 references are included. Author abstract modified.

375. Lee, Sylvia C.
Community Living: Perspectives of Discharged Mental Patients.
1981, 179p
SHR-0009183 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study examined the perceptions, preferences, and satisfactions with community living of discharged mental patients, as well as the value of self–determination and the dynamic of stigma management. A total of 40 subjects were randomly selected from various program units of the Mental Health Center in Fort Wayne, Ind. The subjects had been labeled either schizophrenic or manic depressive, had been mentally ill for at least 2 years, were between the ages of 18 and 65, and had been discharged from State hospitals. Data were collected through personal interviews. The study hypothesized that community adaptation of discharged mental patients is a function of the effects of perceived discrimination, of the effects of desire for self–fulfillment, or of both. It also asserted that satisfaction with community life is directly related to degree of exercise of self–direction in community living and of perceived discrimination. Major findings revealed that perceived discrimination is inversely related to disclosure of personal information, a direct relationship exists between satisfaction with community life and exercise of self–direction in community living, and that preference for community living is significantly related to the desire for self–direction. Both employment and friends' acceptance have a positive effect on satisfaction with community life. Moreover, perceived discrimination is positively related to educational level. Tables, about 140 references, and study instruments are supplied. Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Work to Howard University, 1980. Author abstract modified.

376. Leeds, Stephen J.
Social Services Research Inst./Welfare Research Inc., Washington, DC.
Review of Legislation Affecting Child Protective Services: Historical and Current Perspectives.

Oct 81, 67p
SHR-0009096 Available from Social Services Research Institute, 1015 18th Street NW, Suite 810, Washington, DC 20036.

This report describes how a system of child protective services has evolved in the United States during the last 100 years in response to periods of heightened concern over child abuse and neglect. It focuses more on the broad policy considerations that motivated the development of services than on the specific programmatic and operational aspects of those services. The early child protection movement was based on investigation and child rescue, conducted by locally empowered anticruelty societies. Starting in the early 1900's, reformers emphasized social work approaches to prevention and family rehabilitation. Child protection remained overwhelmingly a State and local function through the 1960's, when Social Security Act amendments first provided Federal subsidy of foster care for certain dependent and neglected children. Subsequent Federal laws standardized State procedures of investigation and assessment in child abuse cases, and Federal revenue sharing for social services began, with the prevention of abuse and neglect as one of its five stated goals. At the start of the 1980's, the child protection movement rested again on investigation and child rescue (foster care placement), now conducted under State auspices with Federal financial support. By 1980, roughly $800 million was being spent on investigative and placement functions, with additional funds being spent on related services such as day care. From 1961 to the late 1970's, the number of child abuse reports increased dramatically to over 700,000 annually, and the number of children in foster care reached 500,000. The Adoption Assistance and Child Welfare Act of 1980 resembles reforms of the early 1900's in its response to excessive investigation and child removal. Finally, as a result of major cuts in Federal human service budgets from 1981 to 1982, the future of child protection programs stands in question. Tables and 33 notes are included. Author abstract modified.

377. Lindheim, Barbara L.; Camino, Cynthia C.; Davis, Alan; Heinen, Lu Ann; and Roberts, Glenn.
Urban Systems Research and Engineering, Inc., Cambridge, MA.
1980 Low-Income Energy Assistance Program: A Review and Assessment.
Aug 81, 223p
SHR-0009187 Available from Office of Family Assistance, Transpoint Building, Room B-633, 2100 Second Street SW, Washington, DC 20201.

The Federal program established in 1980 to provide assistance to low–income people to help offset the effects of the rapid escalation in the costs of home energy was evaluated to determine the extent to which the program's goals were achieved, compare the impacts of different approaches to program design and operations, and identify exemplary policies and practices. Information sources included existing literature, State plans and reports, studies, telephone discussions with State program officials, and site visits to nine States. The program provided one–time automatic benefits averaging $97 to 4 million social security recipients nationwide, benefits through the Community Services Administration to 1.6 million households, and awards to 4.3 million households through block grant programs. States could distribute block grant funds by any of four different methods. The program operations generally occurred according to the intent of the program and the requirements of the regulations. Few complaints were received of program mismanagement, fraud, or poor treatment of clients. However, almost all of the programs had some inadequacies in program design and operations. In addition, problems occurred in the implementation of special provisions for priority groups other than the elderly, the equitable treatment of renters with indirect heating costs, and the reporting of timely and accurate information on program operations. Some programs had difficulty in reaching clients, while others could not establish adequate control and monitoring procedures. Nev-

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ertheless, the program's overall performance was good, especially in view of the time constraints involved. The program showed that a variety of goals for energy assistance programs are possible. The automatic payment model is simple and certain but sacrifices close links to energy needs. Programs involving applications can be targeted and individualized but involve increased administrative burdens and uncertain coverage. Programs can incorporate a combination of goals. Tables, footnotes, a glossary, a list of 55 references, and an appendix presenting 34 additional tables are provided. Errata sheet included.

378. Lowe, George C.
Pennsylvania Bureau of Vocational Rehabilitation, Harrisburg. Program Evaluation Section.
Nuts and Bolts of Program Evaluation. A Comprehensive State VR Program and Policy System Through a Model Evaluation/Management Support Unit. Executive Summary: Technical Audience.
Sep 81, 21p
SHR-0009075 Available from Bureau of Vocational Rehabilitation, Room 1318, Labor and Industry Building, Seventh and Forster Streets, Harrisburg, PA 17120.

This executive summary reports the results of a project to develop a model of a comprehensive program and policy system that effectively uses evaluation information at the Pennsylvania Bureau of Vocational Rehabilitation (PBVR). The 3–year project produced a conceptual framework describing appropriate procedures for the design and conduct of evaluations as well as the role that program evaluation can play as an aid in agency decisionmaking, planning, and management. Several scientific techniques were adopted for project management and review, and refinement of the PBVR management information system was accomplished. Improved methods and networks were set up for disseminating program evaluation information to key agency decisionmakers, and several analytical techniques were developed to improve the quality of evaluation information, its relevance to decisionmakers, and the ease with which it can be interpreted. Field testing of the new Federal Vocational Rehabilitation Standards and of the proposed Facilities Reporting System was performed. In addition, several components of PBVR activities were evaluated and staff were trained in the technical and administrative aspects of program evaluation performance and management. A technical assistance center was developed to serve as a resource for information on planning, management, and evaluation of PBVR. See also related documents, SHR-0009073; SHR-0009074; SHR-0009076; SHR-0009077.

379. Lowe, George C.
Pennsylvania Bureau of Vocational Rehabilitation, Harrisburg. Program Evaluation Section.
We've Only Just Begun. A Comprehensive State VR Program and Policy System Through a Model Evaluation/Management Support Unit.
Sep 81, 104p
SHR-0009074 Available from Bureau of Vocational Rehabilitation, Room 1318, Labor and Industry Building, Seventh and Forster Streets, Harrisburg, PA 17120.

This document is a self–report of the 3 years of activities by the Pennsylvania Bureau of Vocational Rehabilitation under a Federal contract to develop a model State program evaluation unit. Instead of adopting a conceptual point of view, this report presents a practical day–to–day view of what happened and how it happened, mapping out for other agencies activities that will enhance and develop their evaluation capacities. The project's purpose and objectives as well as contract tasks and accomplishments are summarized, followed by discussions of how specific tasks were accomplished. Tasks includ-

ed organization, planning and monitoring; technical assistance; working relationships with other organizations; field testing of the new program evaluation standards and the facilities information system; and the administrative monitoring and organization of the program evaluation unit. Steps in the development of the new evaluation capacity ranged from sectional organization and term definition through staff training and followup surveys of vocational rehabilitation clients to a case review process and the dissemination and utilization of evaluation results. Assessed separately are the effectiveness and efficiency of the model evaluation unit, its capability of providing information relevant to internal State agency program planning and management decisionmaking, and national dissemination and utilization activities during the project's final year. Suggestions to facilitate the process of establishing the evaluation unit conclude the report. The text of an independent evaluation by a consultant is included. See also related documents, SHR-0009073; SHR-0009075—SHR-0009077.

380. Lowe, George C.
Pennsylvania Bureau of Vocational Rehabilitation, Harrisburg. Program Evaluation Section.
What Is Program Evaluation. A Comprehensive State VR Program and Policy System Through a Model Evaluation/Management Support Unit. Executive Summary: General Audience.
Sep 81, 20p
SHR-0009076 Available from Bureau of Vocational Rehabilitation, Room 1318, Labor and Industry Building, Seventh and Forster Streets, Harrisburg, PA 17120.

This overview cites the accomplishments of Pennsylvania's 3-year involvement with a Federal contract to develop a model evaluation / management information support unit in the State's vocational rehabilitation system. The administrative structure of the program evaluation section (PES) is detailed, along with the steps followed in an evaluation. Projects completed during the contract period are described, beginning with a major review of the existing management information system that resulted in modifications to report content, format, and frequency. The PES also initiated a project to assess the extent to which similar benefits were being used in the Pennsylvania Bureau of Vocational Rehabilitation (PBVR) and to develop procedures for expanding their use. Products of this effort included a new chapter in the procedural manual, a data base, and a special computerized report. Activities undertaken to increase awareness and understanding of the PES's mission are highlighted, with special attention to the Technical Assistance Center, which collects and disseminates current information on vocational rehabilitation. The PES developed a formalized approach for planning and monitoring all project activities and refined the existing case review procedures. Followup questionnaires and survey techniques used to assess client satisfaction were redesigned. Other topics covered are PES staff training and the design for an evaluation component for the PBVR Client Assistance Project. Recommendations for establishing an effective program evaluation / management information support unit address organizational structure, communication networks, types of information to be provided, and data processing requirements. See also related documents, SHR-0009073—SHR-0009075; SHR-0009077.

381. Lowe, George C.
Pennsylvania Bureau of Vocational Rehabilitation, Harrisburg.
Why You Need Program Evaluation. A Comprehensive State VR Program and Policy System Through a Model Evaluation/Management Support Unit. Executive Summary: Vocational Rehabilitation Administrators.
Sep 81, 19p
SHR-0009073 Available from Bureau of Vocational Rehabilitation, Room

381.

1318, Labor and Industry Building, Seventh and Forster Streets, Harrisburg, PA 17120.

This report summarizes the work activity and accomplishments of the Pennsylvania Bureau of Vocational Rehabilitation's (PBVR's) model evaluation / management information support unit, an element in a comprehensive State vocational rehabilitation program and policy system. During the 3 years of contract work, the model unit developed a broad array of technical and staff capabilities and contributed to a wide range of agency decisions and activities. The project developed a conceptual framework describing the role that program evaluation can play as an aid in agency decisionmaking, planning, and management; adopted several scientific techniques of project management; reviewed and refined the PBVR Management Information System; and developed improved methods and networks for disseminating program evaluation information to key agency decisionmakers. It also developed and improved several analytical techniques designed to improve the quality of evaluation information, trained staff in program evaluation, and developed a technical assistance center. The report outlines the steps involved in a program evaluation and the tasks that the PBVR's Program Evaluation Section performs each year to support agency planning and program management. It expands upon the evaluation capacities developed and projects completed, including the development of procedures for increasing the use of similar benefits, the expansion of internal dissemination activities, and the refinement of the PBVR case review process. Recommendations for establishing an effective program evaluation unit emphasize that the unit should be able to provide meaningful information; that it should include statisticians, management analysts familiar with data processing, and program analysts with field experience on its staff; that it should have open lines of communication with other sections in the central office; and that it should have access to all data filed. See also related documents, SHR-0009074—SHR-0009077.

382. Maddox, George L.; Siegler, Ilene C.; and Blazer, Dan G.
Duke Univ., Durham, NC. Center for the Study of Aging and Human Development.
Families and Older Persons: Policy, Research, and Practice.
1980, 185p
SHR-0009173 Available from Duke Center for the Study of Aging and Human Development, Box 3003, Duke University Medical Center, Durham, NC 27710.

This book contains essays, panel discussions, and workshop reports on relationships between adult children and their parents and the family life of older persons. The opening address describes living arrangements and characteristics of the elderly and then highlights questions relating to older people in the family context that must be resolved in future public policies. The first group of four papers offers different perspectives on the family, beginning with historical changes in family patterns that affect the elderly. Other presentations examine the family's function in the United States and Europe, analyze the effects of governmental policies on families, and explore Dr. Murray Bowen's family therapy theories. The next set of papers focuses on the family as a context and resource in later life, with attention to the role of the family in health care of older adults and widows. A controversial approach to assuring adequate income over the lifespan suggests that the government sell inflation–adjusted lifetime annuities based on some reasonable real–return assumption. A panel discussion on policy formation and the families of older people is summarized. Workshop reports cover long–term physical placements, the role of the family in managing mentally ill older persons, health care for families, conflicts between generations, and legal aspects of family relationships. References or notes accompany several papers. Proceedings of a National Conference and Related Workshops, Asheville, North Carolina, May 18-20, 1978.

383. Magan, Geralyn Graf.
American Association of Homes for the Aging, Washington, DC.
White House Conference on Aging: Mini-Conference on Long-Term Care. Final Report.
1980, 64p
SHR-0009237 Available from American Association of Homes for the Aging, 1050 17th Street NW, Suite 770, Washington, DC 20036.

Government officials, providers, and consumers discussed neighborhood or community services for the elderly. The conference began with presentations from the directors of five model community long–term care projects. These were followed by work sessions with five different working groups, each of which focused on one of the following topics: planning and evaluation, program and case management, organization, human resources, and financing. Each working group developed recommendations on its topic of concern. Attention was given to new opportunities in service delivery, independence of the individual, and individual concerns such as freedom of choice and quality of life. The role of the family and other informal supports, both in service delivery and in financing for a long–term care system, was given priority. In addition, an informal consensus was reached on the need for comprehensive community planning and coordinating mechanisms for the delivery and management of long–term care services. The miniconference also developed policy guidelines for elements of long–term care systems. The report contains the specific recommendations from each working group, issues for study related to each working group's topic, descriptive summaries of the five model community long–term care projects, a compendium of current data and projections on long–term care, opening and closing remarks, and a list of conference participants. Graphs and charts are included. Held on December 10-12, 1980, Reston, Virginia. Author abstract modified.

384. Mainzer, Richard; Fussell, Ken; and Landy, Joan.
Maryland State Dept. of Education, Baltimore. Div. of Special Education.
Resource Manual for Program Developers. Level I.
1980, 77p
SHR-0008516 Available NTIS PC $10.50/MF $4.00

The intent of Level I general education services in Maryland is discussed and service delivery models and exemplary practices consistent with Level I parameters are outlined. The State's Level I services, which incorporate the least restrictive environment concept in Public Law 94–142, are designed to assist the nonspecial education teacher in developing and implementing a special education program for handicapped students within the general school environment. Level I is crucial to the success of many handicapped children receiving at least part of their education in the general education classroom. A survey of 20 Maryland counties reveals that all have special educators delivering Level I services. They identified inservice needs in the areas of consultation skills and identification, selection, curriculum modification and adaptation, and materials and instructional techniques. Useful models for counties providing Level I services are described. These include the Functional Analysis Systems Training model, the New Adventures in Learning model, and the Vermont Consulting Teacher Program. Startup costs, materials and training needed, and objective and procedures are delineated for each model. The principles and operation procedures involved in successful educational consultation are also discussed. An annotated bibliography of 22 works, the survey used, and a description of each service level are included.

385. Malitz, Dave.
Texas State Dept. of Human Resources, Austin. Research and Evaluation Div.
Project to Prepare Hard-To-Place Children for Adoption: Evaluation Report.

385.

25 Jun 81, 8p
SHR-0009142 Available from Texas Department of Human Resources, Research and Evaluation Division, PO Box 2960, Austin, TX 78769.

Evaluation findings of an innovative method of dealing with hard-to-place children for adoption in Texas are discussed. In 1979, data were collected on a total of 26 experimental cases and 59 control cases. The data were analyzed to determine ways in which the experimental and control units differed in the amount of time spent on the various case management phases, differences in the severity of the children's problems served by the two units, and differences in the success of the placements. Adoptive case management phases include the preparation, holding, and supervision phases. The preparation phase extends from the date of legal freedom to the date at which the child is judged ready for adoption. The holding phase starts when the child is ready for adoption and ends with the date of placement. The supervision phase extends from the date of first placement to the date of consummation. Since one of the major features of the experimental unit was a concentrated effort to properly prepare children psychologically and emotionally for adoption, it was expected that the experimental unit would spend more time, on the average, in the preparation phase than the control unit. If successful, this intensive preparation should result in a shorter holding phase and a shorter supervision phase. Overall, little difference was found between the two groups in the total amount of time spent for the entire three phases, with the process taking about 1 year and 9 months for the experimental group and 1 year and 5 months for the control group. Data showed that the children handled by the experimental unit were harder to place than the control unit's children. They had remained in abusive relationships about twice as long as the control children and more of them suffered from very severe problems. Nevertheless, the experimental unit achieved about a 90-percent successful placement rate, which was comparable to the control unit's success rate. Three tables and one figure are included.

386. Mayer, Neil S.; and Blake, Jennifer L.
Urban Inst., Washington, DC.
Keys to the Growth of Neighborhood Development Organizations.
1981, 96p
SHR-0009125 Available from The Urban Institute, 2100 M Street NW, Washington, DC 20037, order number URI32600.

This study defines key characteristics of neighborhood development organizations (NDO) and relates these features to an NDO's capability to undertake successfully diverse community activities such as housing rehabilitation or economic development. Major information sources were site visits to 12 NDO's throughout the United States, interviews with recognized experts, and an extensive literature review. Factors that influence community development work are divided into three groups: characteristics internal to an organization, such as staffing and management; an NDO's relationships with the community and outside groups; and the economic, social, and political environment in which an organization operates. This analysis found that staff expertise, community support, assistance from a variety of external sources, and resourcefulness in responding to environmental constraints were critical to success. A set of processes that appear to be common to NDO growth are described, along with specific capabilities that characterize organizations as they mature. The kinds of funding and hands-on technical assistance that may be valuable to NDO's are examined, with attention to the stages in NDO growth at which various forms of assistance may be particularly important. Controls over the use of outside technical aid and designing assistance projects for gradual elimination are discussed. The section on performance measures focuses on the implementation of specific neighborhood revitalization projects and the development of NDO capabilities for

similar future work. Additional factors that an evaluation should consider are identified, including leveraging and community self–help, indirect impact on neighborhood conditions, and the importance of NDO projects to the community.The appendices describe the research methodology and list the 12 NDO's that constituted the study sample. Chapter notes are supplied.

387. Metropolitan Dade County Dept. of Human Resources, Miami, FL.
Social and Economic Problems Among Cuban and Haitian Entrant Groups in Dade County, Florida: Trends and Indications. Phase 1: Entrant Interviews, Phase 2: Key Persons/Agency Interviews.
Aug 81, 141p
SHR-0008742 Available NTIS PC $13.50/MF $4.00

This report presents the results of a study that assessed the social and economic problems of recently arrived Cubans and Haitians in Dade County, Fla. An understanding of the concerns faced by the county should give a sense of direction to government agencies and other organizations planning the delivery of services to these populations. A total of 411 entrants were interviewed for the study: 255 Cubans applying for cash assistance, 50 Cubans in jail, 52 Haitians applying for cash assistance, and 54 Haitians in social service programs. The report presents a demographic description of the entrant populations, a discussion of residence and family structures among the Cubans and Haitians, and an examination of the immediate needs and long–term problems of these groups. Also explored are the educational resources and needs of the groups, along with their use of transportation systems, their consumption of media, and their use of the legal system. The Cuban entrants were more economically marginal, less occupationally sophisticated, and younger than previous Cuban entrants, as well as being predominantly male. Haitians were less educated than the Cuban populations; most were illiterate and younger than the Cubans. Both Cuban and Haitian groups find it difficult to find employment because of inadequate training in job skills and little proficiency in English. Cubans showed a tendency to scale back their employment expectations, and Haitians expressed a high level of motivation to go to school to learn the necessary skills. The entrants also face serious housing problems and indicate a certain degree of sadness and depression. However, both groups felt that they have control over their lives and that they have people in the country who care for them. Data tables, the needs assessment questionnaire, footnotes, and the interview instrument are included. Author abstract modified.

388. Millar, Rhona; Millar, Annie; Hatry, Harry; and Schainblatt, Alfred.
Urban Inst., Washington, DC.
Administrator's Guide to Social Service Client Outcome Monitoring.
Sep 81, 21p
SHR-0009296 Available from The Urban Institute, 2100 M Street NW, Washington, DC 20037, Attn: The Urban Institute Press.

This guide for State and local social service agency administrators (both public and private) provides an overview of client outcome monitoring issues, including the uses of client outcome information, agency choices in implementing monitoring procedures, data collection approaches, and limitations and problems in client outcome monitoring. Client outcome monitoring involves systematically assessing on a regular basis what happens to agency clients after they come in for services. Information on critical events and on client improvement in functioning or reduction in problems is produced by outcome monitoring procedures. The agency administrator will need to make the final decisions on which clients, programs, and services will be covered by the monitoring procedures and on what outcome indicators are desired and which data collection approaches

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should be used. The outcome monitoring procedures should probably focus on groups of clients and include all services that are likely to be provided to those clients. The alternative is to focus on the outcomes of particular services that the same clients are likely to receive. In collecting outcome data, agency records are of little use for directly indicating the clients' level of functioning or problem level, the clients' satisfaction with services, or the clients' perception of the extent to which their condition improved. Trained professionals (caseworkers) have the ability to rate the client's condition, but this duty might overburden the worker. Agencies should use agency record data to obtain information on selected outcome indicators, and caseworkers should periodically rate the client's condition. Some form of feedback from clients seems desirable. Outcome monitoring cannot indicate why a program is performing the way it is or how a program can be improved. There are few national standards on agency outcomes, and none of the methods for collecting outcome data is foolproof. Actions needed in designing and implementing monitoring procedures are outlined, as are actions needed after implementation. Tables and illustrative reports of outcome findings are included. See also related document, SHR-0009297.

389. Millar, Rhona; Millar, Annie; Hatry, Harry; and Schainblatt, Alfred.
Urban Inst., Washington, DC.
Developing Client Outcome Monitoring Systems: A Guide for State and Local Social Service Agencies.
Sep 81, 276p
SHR-0009297 Available from The Urban Institute, 2100 M Street NW, Washington, DC 20037, Attn: The Urban Institute Press.

This guide discusses the steps necessary in developing client outcome monitoring procedures, explains how to construct indicators of client outcomes and how to select data collection approaches, and discusses how to use client outcome data. The steps in developing monitoring procedures involve obtaining and conveying top management commitment; establishing a client monitoring system working group; choosing which programs to monitor; and determining specific uses, analyses, and reports that are needed. Other steps include selecting the outcome indicators and data collection approaches, designing the data collection process, implementing this process, and maintaining the monitoring procedures. Data can be collected from clients, caseworkers, or agency records. A system that obtains both information on critical event outcomes (from agency records) on change in functioning and on client satisfaction (from clients) will probably be most satisfactory over the long run to most service agencies. Procedural issues and implementation steps involved in the data collection process are detailed, and criteria for instruments selection are spelled out. Data analyses and reports needed are discussed, the limitations of client outcome monitoring reviewed, and utilization strategies for a monitoring system are noted. Methods of maintaining the outcome monitoring system's quality are also mentioned. About 40 references and data collection instruments are appended. Tables and footnotes are supplied. See also related document, SHR-0009296.

390. Monro, Alexander.
Syracuse Univ., NY. All-Univ. Gerontology Center.
Aging Services Network and the Unique Role of the Multi-purpose Senior Center: An Independent Study Unit.
Nov 81, 88p
SHR-0009124 Available from Syracuse University, All-University Gerontology Center, Syracuse, NY 13210.

As part of a training package for senior citizen center directors, this volume discusses the knowledge and skills needed to activate the aging services network, with attention to special needs of the vulnerable elderly. An historical

overview of Federal policies and programs for the aging is followed by a detailed description of the aging services network at Federal, State, and local levels. The section on the multipurpose senior center covers its philosophy and major characteristics relating to staff, clients, program, and physical facility. Standards adopted by the National Institute of Senior Centers are reviewed, and a self–assessment questionnaire based on these criteria is provided. Also detailed are relationships between and among the principal components of the network, methods of defining the vulnerable elderly, and program designs for this group. A matrix of vulnerability and needs suggests that an older person who is very vulnerable will depend almost completely on others to satisfy needs, even though they may involve esteem and growth as well as survival. A conceptual model of a continuum of services is presented, along with formats for determining what services should be included. Linkages and responsibility for the continuity of services in the continuum are examined. Finally, the unique role of the senior center in improving services for the elderly is discussed. References, charts, and exercises accompany each chapter.

391. Monroe County Dept. of Social Services, Rochester, NY.
Cutting Day Care: The Impacts of Reducing Day Care for Low Income Clients.
Feb 82, 18p
SHR-0009250 Available from County of Monroe, Department of Social Services, 111 Westfall Road, Rochester, NY 14620.

This report discusses the consequences of eliminating subsidized day care for low–income clients in Monroe County, N.Y. On July 1, 1981, the Monroe County Department of Social Services eliminated subsidized day care for low–income working clients who were not receiving basic assistance. As a result, several groups of clients either lost their subsidized day care completely or began paying substantially more for it. A followup 3 months later indicated that most of the clients had made acceptable alternative child care arrangements even though some of these may have involved substantial household changes, such as resigning from work to stay home, changing work hours, leaving children at home alone after school, or leaving children in an older sibling's care. Few clients were referred to Child Protective Services after the reductions. Less than 10 percent of the clients began receiving public assistance in the period between when the cuts were first announced and 3 months after they were implemented. Of those who did begin receiving assistance, nearly one–third were employed and were receiving assistance to supplement low wages. Tables are included. Survey data and client responses are appended. Author abstract modified.

392. Mooney, James J.
Metropolitan Dade County Dept. of Youth and Family Development, Miami, FL.
Quarterly Review Process: A Tool for Agency Accountability, Productivity, and the Management of Change in the 80s.
1981, 18p
SHR-0009189 Available from Metropolitan Dade County, Department of Youth and Family Development, 1701 NW 30th Avenue, Miami, FL 33125.

This paper examines the Quarterly Review Process (QRP), a management tool used by the Department of Youth and Family Development in Dade County, Fla., to monitor human services delivery. The QRP affects various management levels and has several tasks, including establishing organizational goals, planning programs, monitoring their progress, securing financial resources, and revising organizational structures. Its usefulness is directly related to increased participation by workers as well as line supervisors. The QRP was implemented by the department in 1975 and, after several changes, now

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operates within three formal phases and a preplanning and followup stage. The preplanning stage involves the collection of statistics on clients served, caseloads, and services provided. The director of professional services discusses these data individually with each departmental division to produce an agenda of issues and recommended action items. The second phase consists of a meeting of the director and the division directors. Issues such as training programs, program allocations, publicity, and relations with community agencies are explored, and resultant recommendations are predicated on a departmental viewpoint as well as individual program needs. The third phase is a separate meeting of each division with the departmental director, assistant director, and director of professional services. Issues and recommendations from the previous two phases are reviewed, and work plans are mapped for the next quarter. In the followup phase, this information is disseminated to line and supervisory staff who provided the initial data. The QRP occurs over a 2-week period at the end of each quarter, and written reports are prepared at completion. Footnotes are included. Paper for the Seventh NASW Biennial Professional Symposium, Philadelphia, Pennsylvania, November 18-21,1981.

393. Muzzio, Timothy C.; Koshel, Jeffrey J.; and Bradley, Valerie.
Urban Inst., Washington, DC.
Alternative Community Living Arrangements and Non-Vocational Social Services for Developmentally Disabled People.
Oct 81, 413p
SHR-0008825 Available NTIS PC $30.00/MF $4.00

This report is intended to provide developmental disabilities councils and others with information that will assist them in promoting and coordinating alternative community living arrangements and nonvocational services to developmentally disabled people. Its focus is on those issues likely to confront the field of developmental disabilities in the 1980's. The identification of important issues was accomplished through a literature review, a survey of developmental disabilities councils, and a conference of experts. Some of the issues identified for discussion include (1) the effect of decentralization of services on current quality assurance mechanisms, (2) the ways in which consumers of services can be more equal participants in the service process, and (3) the appropriate balance between generic and specialized services. Some of the key findings of the report indicate that demand has exceeded the supply of community services; that resources available to community programs are inadequate; and that resources are often unavailable for most cost-effective residential and nonvocational social development services, while more restrictive arrangements receive the bulk of the funding. Not only are certain types of services limited in their ability but certain types of clients, particularly the mentally retarded and those with behavior problems, tend to be underserved. Further, existing models of community care, particularly residential care, are not necessarily designed to meet the individual needs of each resident. Nonvocational social development services have tended to be underemphasized by community service planning and, as a result, existing systems typically consist of residential services, vocational services, and case management. Programs must be flexible if they are to meet specific client needs; emphasis should be placed on ensuring continuity and coordination of care for clients. Chapter references and footnotes are included, and an appendix presents a list of reference materials for developmental disabilities planners. Author abstract modified.

394. Muzzio, Timothy C.; Koshel, Jeffrey J.; and LaRocca, Joseph.
Urban Inst., Washington, DC.
Independent Living Rehabilitation: Lessons From Five Demonstration Projects.
1980, 141p
SHR-0008823 Available NTIS PC $13.50/MF $4.00

This report describes a number of independent living rehabilitation (ILR) projects and evaluates their success. ILR projects have developed since the late 1950's and 1960's as a means of allowing mentally impaired individuals to participate fully in the day–to–day life of the community. The concept has been extended to nonvocational and vocational service programs for persons with a variety of handicaps. ILR demonstration projects have provided the data necessary for establishment of a number of new rehabilitation projects. Five such projects mandated by the Rehabilitation Act of 1973 and funded in 1975 are described: the Institute of Rehabilitation Medicine in the New York Office of Vocational Rehabilitation; the Department of Rehabilitation Medicine at the University of Washington; the Utah Division of Rehabilitation Services; the Texas Commission for the Blind; and the Center for Independent Living in Berkeley, Calif. Each represents a different approach to rehabilitation services, using such methods as peer counseling, team approaches, rehabilitation specialists, and advocacy. Evaluation of the projects suggests that clients have benefited substantially from provision of ILR services, are engaging in more social activities, and have improved in their overall functioning. The services are, however, very expensive. Critical areas of need identified and filled are equipment to assure mobility (e.g., wheelchairs and hearing aids); basic services, especially hospitalization, surgery, and physical therapy; household management services such as financial management, shopping, and meal preparation; transportation and training in use of transportation systems; and identification of barrier–free housing and buildings. Other needs met by the projects include facilitation of participation in social activities, and maximization of physical function through modification of equipment and physical therapy. ILR efforts can be improved in the future by implementing a uniform reporting / evaluation system; by coordinating services for all types of severe physical handicaps; by involving consumers in initial planning, advising, and management and delivery of services; and by keeping abreast of technological developments helpful in assisting particular client groups. Extensive appendices describe ILR legislation, discuss the peer counseling approach that has become an integral part of the ILR concept, and provide samples of the forms used to gather data for the study. Research paper.

395. National Conference on Social Welfare, Columbus, OH.
Case Management: State of the Art.
15 Apr 81, 256p
SHR-0008525 Available NTIS PC $21.00/MF $4.00

The report provides an overview of current case management knowledge for developmental disabilities State planning councils and other decisionmakers. The document attempts to capture the complexity inherent in using case management as a tool for assisting persons with developmental disabilities in gaining access to social, medical, educational, and other services. In the first section, the proceedings from a National Case Management Conference held October 21 to 23, 1980, in Indianapolis, Ind., are summarized. At its conclusion, the conferees stressed the need for defining the client group served and its needs, the consequences of incorporating a new process into the delivery system, and the advisability of involving clients and their families in a flexible case management system. Other issues of interest included value issues inherent in case management, the importance of evaluation, training issues, ethical behavior and personal supports of case managers, and the use of computers. To be effective, case management should be one component in a delivery system that also features a synergistic administrative structure, an adequate inventory of service resources, and support mechanisms for needs assessment. The principal issues in case management are raised in a series of six position papers contained in the second section. The topics addressed are the function of case management within the context of a comprehensive service system, the

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role and training of the case manager, and barriers at the micro and macro levels to the implementation of a case management system. Also covered are a multilevel model for operation of a case management system, management tools such as resource exchange networks essential to case management, and the history, guidelines, and practice trends of case management. Extensive appendices contain a bibliography, separate descriptions of a number of case management programs in various States, and a list of national and State case management experts.

396. National Easter Seal Society, Chicago, IL.
Easter Seal Work Centers: A Guide for the '80s.
Nov 81, 15p
SHR-0009094 Available from National Easter Seal Society, 2023 West Ogden Avenue, Chicago, IL 60612.

This booklet outlines the steps necessary to reorganize an Easter Seal sheltered workshop into a self–sufficient work center that is less dependent on Government funding sources. The first phase focuses on a review of the vocational rehabilitation facility's mission statement, with attention to involving the business community, generating a profit without jeopardizing nonprofit tax status, and adopting a businesslike name that avoids references to disabilities. Following a discussion about the work center's dual functions as a business and a rehabilitation program, the guide suggests that the industrial environment model be adopted. Methods of reorienting staff and board members are described, along with sources of business expertise. Other recommendations address business management training for management staff and procuring subcontracts, including a long–range plan for securing subcontract work. Suggestions are offered concerning the production of prime products, marketing, and improving contacts with the business community. Finally, a long–range planning process to develop the work center into a profit–generating program is detailed. Based on recommendations and discussions emanating from an Easter Seal Workshop Administrators Planning Meeting conducted June 25-26, 1981, in Newark, New Jersey.

397. National Governor's Association, Washington, DC. Center for Policy Research.
1982 Governor's Guide to Block Grant Implementation.
Feb 82, 131p
SHR-0009327 Available from National Governor's Association, 444 North Capitol Street NW, Washington, DC 20001.

The bulk of this report consists of 48 States' responses to the National Governors' Association survey requesting information on (1) policy changes associated with human resource and community development programs folded into the new block grant programs, (2) planning or management practices being applied to block grant implementation, and (3) major problems encountered from which States could learn. Results indicate that State Governors have made use of task forces to bring about closer executive / legislative cooperation, to increase the public's participation in decisionmaking, and to coordinate interexecutive agency actions. Governors have also used existing State mechanisms and have established committees to implement block grants. State officials are overwhelmingly concerned about current and proposed budget cuts. State approaches to cope with this problem included budget reductions for 1982, while preparing strategies for 1983; priority–setting for more discrete targeting of State funds; acceptance and allocation of all Federal funding, regardless of funding stream; and budget processes driven by policies to be tested against 1982 shortfalls. Reports of improvements to State planning and management systems involve fostering citizen participation in decisionmaking, disseminating

information on progress and achievements to the general public, and other tactics. Community and human services policies and program changes have also been noted in several State reports; many States are targeting State resources and moving recipients off welfare roles into employment, and others are taking initiatives to improve the return on public expenditure for education. Overall, States have moved quickly to assume responsibilities and opportunities offered by the block grants. Public participation in these programs is increasing; legislatures and local governments are being drawn more fully into program decisionmaking; administrative flexibility is being tested; and transferability of funds is being used, but not yet on a significant scale. Tables and the survey questionnaire are included. A list of block grant contacts and of organizations conducting block grant surveys are appended. Part of the Federalism Information Center, a 2-year effort to track the States activities during the implementation of the new block grant series.

398. National Inst. of Handicapped Research, Washington, DC.
Report From the Study Group on Peer Counseling as a Rehabilitation Resource.
May 81, 51p
SHR-0009041 Available from Arkansas Rehabilitation Research and Training Center, Hot Springs Rehabilitation Center, PO Box 1358, Hot Springs, AR 71901, order number 1164.

Prepared for State vocational rehabilitation agencies, this document discusses the benefits and limitations of peer counseling, as well as the selection, utilization, and training of peer counselors in rehabilitation. An historical overview of peer counseling in the context of self-help movements in the United States identifies specific self-help groups, such as Alcoholics Anonymous and Synanon, and describes the success that peer counseling has achieved in independent living services. Several approaches to peer counseling that are being used in these projects are detailed. Many peer counselors work as paraprofessionals under a professional counselor, while others are involved in outreach activities, offer information services, or teach living skills. Some agencies employ former clients as independent counselors. Personal characteristics and skills that a peer counselor should possess are outlined, as are their general functions. Ethical issues that may confront individuals serving as peer counselors are explored. Following a discussion of benefits that peer counseling can offer the rehabilitation client and the system as a whole, issues that agencies should consider before implementing such a program are reviewed. Administrative problems are also addressed, including personnel policies, legal concerns, and program size. Specific administrative responsibilities are defined in terms of seven major phases in implementing a peer counseling program: needs assessment, publicity and recruitment, orientation session, development of a manual, peer training workshop, supervision and monitoring, and program evaluation. Finally, guidelines for planning and conducting programs for rehabilitation personnel in peer counseling are presented. Charts and 25 references are provided. Eighth Institute on Rehabilitation Issues, May 26-28, 1981, Chicago, Illinois. Prepared by a Prime Study Group of the Institute on Rehabilitation Issues.

399. Nebraska Governor's Planning Council on Developmental Disabilities, Lincoln. Planning Committee.
Report of the Task Force on Family Support Services.
Mar 80, 72p
SHR-0009172 Available from Division of the Developmentally Disabled, PO Box 95007, 301 Centennial Mall South, Lincoln, NE 68509.

This report reviews the literature on the needs and problems of families with a developmentally disabled member and discusses the Nebraska

task force's efforts regarding family support services. Research studies reflect an increasing concern by human service professionals with families of developmentally disabled persons and a shift from a medical orientation to an interdisciplinary approach. A summary of the planning process that resulted in selecting family support services as a statewide priority area focuses on the Comprehensive Services and Developmental Disabilities Amendments of 1978. The activities of the task force, created in October 1979, are detailed. This group selected six priority service areas: general training, family subsidy, respite care, interagency coordination, family counseling, and leisure activities. The task force's recommendations are presented for each area, along with a discussion of benefits, costs, alternative means of implementation, and problems. Over 30 references are included. The appendices contain a list of task force members, correspondence, minutes of task force meetings, texts of relevant legislation, a needs assessment, and a summary of respite care policies and programs in 12 States.

400. New York State Commission on Quality of Care for the Mentally Disabled, Albany.
Strengthening Patient Advocacy: A Review of the Mental Health Information Service.
May 80, 69p
SHR-0009422 Available from Commission on Quality of Care for the Mentally Disabled, 99 Washington Avenue, Albany, NY 12210.

This is an appraisal of the Mental Health Information Service (MHIS), created to protect the legal rights of mentally disabled persons. In carrying out this mission, the service has not only served persons admitted for care and treatment, but has also provided assistance to the courts similar to that of a probation service. Its activities have become more complex with the addition of new functions, such as the legal representation of patients and the expansion of its clientele to include the developmentally disabled and alcoholics. Despite the expansion of MHIS, the core responsibility remains the legal representation of patients in the process of admission to or retention in mental hygiene facilities. Additional duties are investigating allegations of abuse and providing legal representation to patients or residents, and reviewing the status of persons conditionally released from or voluntarily admitted to a mental hygiene facility. Conflict exists between the responsibility to provide independent legal representation for patients and at the same time to provide the court with confidential assessment of patients or residents. This dilemma also affects the service's authority to investigate allegations of abuse or mistreatment and to review the suitability of patients to remain in a conditional release or voluntary admission status vis-a-vis its responsibility to serve as counsel. The major concern regarding agency management is the lack of uniformity in services and the failure of the service to emerge as a statewide agency. MHIS's organizational placement in State government and the management of the agency's operation are additional concerns. It is recommended that the administration of MHIS be centralized regardless of its organizational placement in the judiciary or the executive department. Also, a board of directors for MHIS should be established and statewide priorities defined. The service should streamline its efforts to concentrate on legal advocacy services and coordinate them with other advocacy agencies for greater efficiency. Author abstract modified.

401. New York State Dept. of Social Services, Albany.
Uniform Case Recording Standards: Casework Manual.
Jan 81, 84p
SHR-0008822 Available from Department of Social Services, 40 North Pearl Street, Albany, NY 12243.

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This manual is for local social service districts and voluntary agencies in New York State that must satisfy the statutory requirement of the law and the regulatory requirements of the New York Department of Social Services concerning uniform case recording and child service planning. An overview of the case recording process and general form requirements is presented in graphic form with accompanying narrative description. The general requirements describe what types of cases apply to each section, the time frames in which the case recording components are to be completed, and any exceptions or special circumstances to be considered. The cases for which these requirements apply include all foster care, preventive services for children, adoption, and certain protective service cases. Also included in the manual are major sections of the record containing forms used in child service planning. Each form is followed by a brief statement or purpose, a description of procedural requirements, and specific instructions for that section. Appendices provide a list of definitions of various services and 26 references.

402. New York State Temporary State Commission on Child Welfare, Albany.
Child Protective Services in New York State.
May 80, 163p
SHR-0008024 Available from ERIC Clearinghouse on Elementary and Early Childhood Education (ERIC/EECE), College of Education, University of Illinois, Urbana, IL 61801.

This report on the child protective services in New York State is the result of a year–long study conducted by the Temporary State Commission on Child Welfare. After a brief discussion of the historical background and a description of the present basis and methods of State and local operations in the child protective services field, this report discusses four selected facets of the system including functions of State agencies within the child protective system, the State Central Register, civil service issues and training, and the role of societies for the prevention of cruelty to children. The report identifies the ways in which State policies, services, and guidance affect, for good or ill, the services delivered in the field. The study found that the role of the State Department of Social Services in setting and enforcing regulations and standards for local social services districts needs greater clarification and specificity. Prompt dissemination of regulations and technical assistance for State Department of Social Services staff are needed. A lack of understanding and an absence of uniformity exists in the procedures followed by the State Central Register and local registers in accepting, reporting, and providing guidance in handling child abuse and neglect cases. Policies and procedures must be prepared or clarified to standardize the responses and actions of State and local child abuse registers on the situations brought to their attention. In addition, inadequate provision has been made for the training of child protective staff, and even the responsibility for providing training is unclear under present law. Adequate pay scales should be adopted by local social service districts to encourage retention of staff. Finally, societies for the prevention of cruelty to children should have to meet the same recordkeeping requirements as other authorized agencies in the child welfare field. Chapter references and proposed legislation are included. Author abstract modified.

403. Office of Science and Technology Policy, Washington, DC.
Principal Findings and Recommendations on Strengthening Intergovernmental Science and Technology.
30 Jan 79, 10p
PB80-171028 Available NTIS PC $6.00/MF $4.00

Based on a review of about 50 intergovernmentally oriented Federal research and development (R and D) programs as well as consultations with practitioners in the field, the Intergovernmental Science, Engineering, and Technical

403.

Advisory Panel (ISETAP) outlines major steps that should be taken if citizens are to benefit more from federally supported R and D activities. This survey concluded that the most effective R and D programs had involved State and local governments in problem selection, agenda setting, and dissemination. While Federal efforts in this area need to be improved, it is also essential that jurisdictions establish their own procedures for instigating projects, as well as use the products of Federal research projects. At this point, the connection between research and practice in State and local governments generally is weak. Recommendations to redress this situation cover greater participation by State and local governments in planning research agendas and efforts to increase their abilities to apply technology to problems, with particular attention to the role of intermediary organizations. Other suggestions consider the ISETAP's functions, utilization strategies based on research brokerage experiments and lateral transfer of technology applications, and a centralized source of Federal support.

404. Olmstead, Judith V.; Lichtenstein, Karen R.; Hall, Joan; Langenes, David J.; and Thompson, Joann K.
Washington State Dept. of Social and Health Services, Olympia. Office of Research.
Children's Service Needs Assessment: Final Report.
Nov 81, 102p
SHR-0009169 Available from Office of Research, Department of Social and Health Services, OB-2 MS 34A, Olympia, WA 98504, order number 07-21.

This summary, one of six reports analyzing the first 2 years of the Children's Service Needs Assessment project in Washington State, compares children in Child Protective Services (CPS), Crisis Intervention Services (CIS), receiving homes, family foster care, and group homes. It addresses four major issues: whether the children served by each program fit with the general program guidelines, if the pattern of service provision is logical and appropriate, the major functional needs (mental health, physical health, and education) of the children in each program, and each program's long-term goals for the children in each program. Children in family foster care were surveyed from February to June 1980. Children in CPS, CIS, group homes, and receiving homes were surveyed from October to December 1980. Samples were selected to obtain information on a statewide rather than a regional basis. For each population studied, the questionnaires explored topics common to all populations and also included items relevant only to that particular population. Included for all populations were reasons for service, the child's placement history, characteristics of the child's family, the child's current legal status, and plans for the child's future. General findings were that mental health needs are substantial for all the populations studied; school performance is poor, and many children need special education services; birth control information is a most frequent unmet need; and many of the children are from single-parent families. Long-term plans are related to the child's age, with older children more likely to remain in long-term care. The children's service needs generally are consistent with placement guidelines. CIS and group home children are older and come from families with higher incomes than the CPS and family foster care children. Finally, a major barrier to adoption is incomplete court work. Footnotes, 41 tables, and study data and instruments are supplied. Part of the Children's Service Needs Assessment Task Force. Author abstract modified.

405. Pennsylvania Bureau of Vocational Rehabilitation, Harrisburg. Program and Evaluation Section.
We've Only Just Begun. A Comprehensive State VR Program and Policy System Through a Model Evaluation/Management Support Unit. Final Report: Appendices.

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Sep 81, 374p
SHR-0009077 Available from Bureau of Vocational Rehabilitation, Room 1318, Labor and Industry Building, Seventh and Forster Streets, Harrisburg, PA 17120.

This volume presents appendices to the final report of the Pennsylvania Bureau of Vocational Rehabilitation's model State program evaluation unit, made possible by a 3-year Federal contract. The overall objective of the contract was to provide models of evaluation capacities for later national implementation. A total of 49 appendices are presented, covering the Pennsylvania Bureau of Vocational Rehabilitation organization prior to the contract, the program evaluation section organization for the contract, the bureau's structure as of September 1981, goals and objectives for 1981, and study instruments. Also included are a flow chart showing dissemination and utilization activities, program evaluation update and articles, management information review procedures, and a flow diagram. Most of the material is in the form of charts and diagrams. See also related documents, SHR-0009073—SHR-0009076.

406. Petersen, Roger D.
Maryland Dept. of Human Resources, Baltimore.
Maryland Foster Care Impact Project: A Project Evaluation With Followup at 18 Months.
May 81, 39p
SHR-0009311 Available from Research Center, School of Social Work and Community Planning, University of Maryland, 525 West Redwood Street, Baltimore, MD 21201.

This report evaluates the Maryland Foster Care Impact Project, which operated from late 1976 to October 1978. It covers the project's work in Wicomico and Prince George's Counties. The project sought to demonstrate that "foster care drift" could be overcome with children who had been in foster care 2 or more years and to formulate plans for removing a child from foster care if necessary and to work toward implementing these plans. Methods used to achieve these goals included aggressively trying to locate the birth parents, working to reinvolve them in their children's lives, and having them reassume responsibility for their children. The evaluation covers the 102 children served by the project in the 2 counties. Success is defined as returning home, being adopted, or being emancipated where emancipation was not expected and scheduled. The project met or exceeded its goals and demonstrated that foster care drift can be overcome almost 50 percent of the time, even with children who have been in care for years. The State should apply the project's philosophy and methods to the entire State caseload. This should enable the State to considerably reduce its caseload and to reduce costs. Footnotes and a data collection form are included. Author abstract modified.

407. Phillips, Maxine.
Child Welfare League of America, Inc., New York.
Child Welfare League of America: Statement on Child Advocacy.
1981, 21p
SHR-0009212 Available from Publications Service, Child Welfare League of America, 67 Irving Place, New York, NY 10003.

This statement, prepared in response to a demand from child welfare administrators, supplements the Child Welfare League of America's service standards series. It asserts the League's philosophical position on advocacy, describes generic goals of advocacy, and offers guidelines for the implementation of advocacy activities. It asserts that agencies and organizations serving children and their families need to conscientiously examine their advocacy efforts and reaffirm their commitment to children through intensified advocacy activities. Guidelines for child advocacy cover process, issues, tax-exempt status, and advocacy tools (i.e., in-

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fluencing legislation, administrative and regulatory agencies, and public hearings, taking legal action, and analyzing and influencing budgets). Child advocacy components include fact–finding; educating the public via pamphlets, advertising, speakers bureaus, and public forums; and taking positions. Agencies should limit their positions to areas that affect children and should be prepared for the controversy that may result. Good position statements require investigating the issue, giving advance notice of action, clearly defining the group that is taking the position (e.g., the board of directors, a board committee, a federation of children's agencies), providing information to affiliates, and keeping the agency's own board and staff informed. Other components of child advocacy are liaison responsibilities, coalition building, unilateral action, monitoring, and evaluation. One note, 12 selected references on advocacy, and an annotated bibliography of 14 publications on advocacy are provided.

408. Pisani, Joseph R.
New York State Temporary State Commission on Child Welfare, Albany.
Our Children are Waiting for Adoptive Homes: A Review of New York State Adoption Services.
1 Jan 82, 58p
SHR-0009098 Available from Subcommittee on Child Abuse, Senate Office Building, Room 505, The Capitol, Albany, NY 12247, Attn: Joseph R. Pisani, Chairman.

This report to the New York State Legislature discusses the impact of the State's reforms in foster care and adoption services and then presents an aggressive plan to promote adoption based on established marketing techniques. A review of the changes in the foster care and adoption systems that were enacted in the 1970's covers recodification of the laws freeing a child for adoption, an adoption subsidy program, judicial review of the status of foster children, improved information and monitoring systems, and the Child Welfare Reform Act of 1979. However, the State has been very slow in implementing these reforms and the proportion of adoptions in the foster care population has remained virtually unchanged. This report suggests that the Department of Social Services (DSS) with special funding from the legislature adopt marketing, research, and advertising techniques to raise public awareness of the many children available for adoption and encourage individuals to consider adoption. In this plan, profiles of legally free children and prospective adoptive individuals and families would be developed and distributed. A statewide recruitment effort should be initiated, and all marketing and followup activities should be centralized under the DSS. The establishment of additional adoption agencies operated primarily by and for minority groups is also recommended. The State's present method of reimbursing for adoption services is discussed, and amendments are proposed to remove this deterrent to adoptions. The report outlines a multipayment approach based on the actual costs of providing adoption services to encourage agencies to recruit homes for hard–to–place and handicapped children. Footnotes and tables are provided.

409. Quinn, Joan; Segal, Joan; Raisz, Helen; and Johnson, Christine.
Health Care Financing Administration, Washington, DC.
Coordinating Community Services for the Elderly: The Triage Experience.
1982, 125p
SHR-0009368 Available from Springer Publishing Co., 200 Park Avenue South, New York, NY 10003.

This work details the development and implementation of the Triage model of the client–centered system of community long–term care. Begun in the seven–town Central Connecticut Planning Region in 1974, Triage developed a new system that linked personal care, medical care, income maintenance, and family support.

The system was designed to assess client needs; integrate the provision of appropriate medical, mental health, and social services; and monitor their quantity and quality. To overcome current financial barriers, Triage devised an uncomplicated reimbursement system, providing single–entry to a billing system as well as single–entry to a services system. The discussion covers the mechanics of implementing the Triage concept, the problems encountered, and the strategies required to undertake a similar project. An overview of the model's unique features as it emerged during its mature, operational phase is presented. The funding of services and operations is documented with historical illustrations. Next, the book describes the development, coordination, and reimbursement of the full spectrum of services required to meet the elderly's medical and social needs. The use of the assessment process to develop a comprehensive data base from a holistic perspective is described, as well as the process that assures that the right service is delivered at the right time in the right manner (in quantity and quality). The research effort included a longitudinal study that examined changes in functioning status and patterns of service use and expenditures for the entire Triage population. Administrative and legislative initiatives for replicating the Triage model in other localities are suggested. Tables, figures, footnotes, an index, and over 60 references are provided. Author abstract modified.

410. Rapp, Charles Anthony.
Effect of Family Support Service Availability on Child Placement Decisions.
1980, 135p
SHR-0009180 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study examines the effect of alternative services on the decision to place a child in a home for adoption. Specific study objectives are to assess whether (1) increased availability of family support service leads to a reduction in the decision to place, (2) increased availability affects the reliability of worker judgments, and (3) selected caseworker characteristics affect the decision to place. The population of direct service workers in six of eight regions employed by the Illinois Department of Children and Family Services served as subjects in the study. Questionnaires were administered to 542 of these workers. A survey experiment design was used in which all subjects were asked to make several case judgments in response to written, simulated case descriptions. Subjects were randomly assigned to one of two conditions. The first condition, the experimental group, received an inventory of services and short service descriptions. The second condition, the control group, did not receive the inventory. The interview schedule had four sections: case planning judgments, perceptions of service alternatives, decision process, and demographic data on subjects. Results indicated that the mean age of the workers was 32 years; 31 percent were male and 69 percent were female. Respondents were characterized by limited social work education, were rather new to the department, and had been placed in their current position recently. Little or no association was found between the placement decision and availability of services on each of the indicators. The relationship between experimental manipulations and whether service inventories were rated as influential on a case basis showed insignificant associations. Moreover, the availability of family support services appeared to have little impact on the placement decision except in interaction with the specific characteristics of the case. Other results and implications of the findings are also discussed. The study has 27 tables, 3 figures, about 90 references, and appended study instruments. Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Work to the University of Illinois at Urbana-Champaign, 1981.

411. Reeves, Mavis Mann.
Galloping Intergovernmentalization as a Factor in State Management.

411.

1981, 7p
SHR-0008664 Pub. in State Government v54 n3 p102-108 1981.

This article discusses the growing influence of the Federal Government on State management, with particular attention to Federal supercession of State authority, judicial influence, direct congressional mandates, and grants–in–aid. Federal statutes preempting State laws have increased dramatically over the last several decades and either relieve the State of burdensome management responsibilities or complicate control of certain activities regulated under States' police powers. The courts have also taken a more active role in mandating Stats actions and have destroyed immunity from suit formerly enjoyed by State and local officials. The practice of Federal administrators promulgating rules for State administrators to implement has become increasingly common in environmental protection and energy legislation. Complications imposed on State managers by conditions attached to Federal grants–in–aid have intensified as grant programs have proliferated and more funds are given to local governments directly. Managers at the State level have been affected particularly by horizontal regulations that apply to almost all Federal assistance programs, such as antidiscrimination, equal access, and environmental protection requirements. Among the more noticeable consequences of intergovernmentalization are the broadened scope of State administration and the growing State role in managing intergovernmental programs. The administrative workload, however, has become larger and more complex, and administrative costs to the State have risen. Other problems include fragmented administrative responsibility and reduced legislative oversight. On the other hand, higher standards for some activities and services have emerged, citizen participation requirements have produced more open program administration, and more women and minorities have gained access to State civil service. A total of 38 footnotes are provided.

412. Regional Inst. of Social Welfare Research, Inc., Athens, GA.
Case Management Model for the Work Incentive (WIN) Program.
Jun 80, 96p
SHR-0008876 Available from Regional Inst. of Social Welfare Research, Inc., PO Box 152, Athens, GA 30603.

This manual applies the Case Management Model, presented in a three–volume series and constituting a set of process requirements for managing the delivery of social services at an individual case level, specifically to the Work Incentive (WIN) Program. The manual is intended as a background and guide for making connections between the general model and the WIN process. It also considers issues concerning implementation of case management as part of local / area WIN operations because local WIN programs differ. The case management model rationalizes case processing in ways that benefit both clients and the program (i.e., WIN). The model also established a baseline for two–way communication and accountability between those responsible for day–to–day operations and those who make program decisions and policies. Specifically, its objectives are to establish uniform case handling and disposition routines; assure case responsibility; locate program decision points, barriers, and limits; and promote case decisionmaking and priorities. Further objectives are to identify service alternatives; help determine training needs; organize staff development curriculum and schedules; provide an objective basis for case and staff supervision; connect policy expectations with line agency operations; and establish a base for systems development and program evaluation. Case management–WIN process requirements are discussed in terms of request evaluation, client eligibility, case planning, service provision arrangements, oversight, and case recording. Implementation of case management in WIN programs is explained regarding the roles of supervisors and administrators as well as line workers, program operations changes, and expected improvements in program efficiency

and effectiveness. Footnotes and diagrams are provided. Appendices contain an excerpt from an Urban Institute study and guidelines for setting case objectives in human services.

413. Rice, B. Douglas; and Roessler, Richard T.
Arkansas Rehabilitation Research and Training Center, Hot Springs.
Introduction to Independent Living Rehabilitation Services.
Nov 80, 34p
SHR-0009036 Available from Arkansas Rehabilitation Research and Training Center, Hot Springs Rehabilitation Center, Publications Clerk, PO Box 1358, Hot Springs, AR 71901.

This publication provides a brief overview of some of the emerging issues and perspectives in independent living. As its ultimate objective, independent living rehabilitation (ILR) should enhance the ability of persons with severe disabilities to determine their own destinies, to participate in all aspects of society, and to contribute as well as share responsibility in community life. It is a new program designed to serve many persons who were previously excluded from vocational rehabilitation (VR). Most independent living services are provided during the earlier phases of the rehabilitation process and will contribute to the development of vocational capabilities in many individuals. Currently, the ILR program is to be implemented under Part B of Title VII of Public Law 95–602 (i.e., through the establishment of independent living centers). State rehabilitation agencies have the responsibility for comprehensive services for independent living. Although initial funds for implementation of the provisions of Title VII are limited, appropriations will increase over the next few years. Options available to State rehabilitation agencies in administering ILR programs include integration of ILR within the present ongoing VR program; establishment of a separate agency within VR with its own administrative staff, personnel, and service delivery system; award of a contract to a private agency to operate the ILR program; or permission to another public agency to operate the ILR program. Tables and 15 references are included.

414. Rice, B. Douglas.
Hot Springs Rehabilitation Center, AR.
Introduction to Rehabilitation of Severely Handicapped Homebound Persons.
1979, 26p
SHR-0009020 Available from Arkansas Rehabilitation Research and Training Center, Hot Springs Rehabilitation Center, Publications Clerk, PO Box 1358, Hot Springs, AR 71901.

Serving as a resource document for trainers of those serving the homebound person who is handicapped, this report attempts to identify homebound clients, clarify the eligibility requirements for rehabilitation services, provide general information on the homebound, review models for homebound services, discuss employment opportunities for homebound persons, and provide additional resources on homebound clients. Homebound individuals are those whose disability prevents onsite conventional employment and whose geographic location, coupled with the disability, makes it impractical for onsite employment. The Rehabilitation Act of 1973, as amended, mandates that severely handicapped individuals are to receive services on a priority basis. Other amendments and new laws greatly expand the range of rehabilitation services. General information on the homebound indicates that most are not receiving services, that the homebound population is not a homogeneous group, that homebound clients desire rehabilitation services, and that these persons are harmed by confinement in the home. The program models that provide rehabilitation services to the homebound include the Vocational–Crafts Models, the Self–Employment Model, the Sub–Contract Model (usually involving a sheltered workshop), the

Work–Activity Model, and others. Although employment opportunities for homebound persons are limited, a promising development is in the area of rehabilitation engineering (the development of more functional prosthetics, better mobility techniques, and other practical devices to allow the handicapped to function independently). Many barriers to the handicapped at the workplace can be reduced by making appropriate modifications within the environment. Implications of expanded services for homebound persons on rehabilitation agencies include an increase in agency staffs, a reduction in caseload size, the need for "homebound specialists," and other factors. The resource list includes 30 references, 2 relevant publications, and the names and addresses of rehabilitation programs / facilities.

415. Roessler, Richard T.
Arkansas Rehabilitation Research and Training Center, Hot Springs.
Strategies for Evaluating Independent Living Programs.
Oct 81, 45p
SHR-0008801 Available from Arkansas Rehabilitation Research and Training Center, Publication Dept., PO Box 1358, Hot Springs, AR 71901.

As an introduction to evaluation of independent living services, this paper discusses issues involved in evaluation, describes the independent living movement and techniques for evaluating independent living programs, and presents a model for evaluation of such programs. The mission of independent living services is to increase the severely handicapped individual's dignity, freedom, and control of personal destiny. To help people reach these goals, independent living programs must provide direct services or information regarding available services in an efficient and effective manner. Evidence of services' success should be sought in terms of (1) client functioning, (2) environmental changes, (3) client satisfaction, and (4) program management practices. Emphasis is on functioning in human capacity areas such as health, social and attitudinal, mobility, cognitive–intellectual, and communication. To eliminate external barriers to life satisfaction, environmental changes are needed in physical, social, economic, and human services areas. Accomplishment of personal and environmental changes should enhance the client's satisfaction with program services. Finally, independent living programs should also be evaluated as to their overall management capabilities. A table and about 30 references are supplied. Author abstract modified.

416. Saccomandi, Pat; and Host, Bobette Reigel.
VOLUNTEER: The National Center for Citizen Involvement, Boulder, CO.
Volunteer Skillsbank: An Innovative Way to Connect Individual Talents With Community Needs.
Dec 81, 174p
SHR-0009062 Available from Volunteer Readership, PO Box 1807, Boulder, CO 80306.

Based on the experience of a 3–year demonstration project, this manual presents guidelines for establishing a volunteer "skillsbank." A skillsbank typically places volunteers several times in a variety of short–term assignments for several community projects and identifies volunteer resources in anticipation of agency needs so that requests can be filled quickly. The sections on design first address a skillsbank's basic functions and the benefits that this approach offers over traditional volunteer programs. Examples of skillsbanks operated by a pool of management experts, a community college, and a mentor network are included. An overview of the reservoir, cooperative, and integrated models of skillsbanks is followed by suggestions for defining the skills and interest areas that a particular skillsbank will need. The discussion of recruitment covers sources, incentives, and targeted distribution of skillsbank promotional materials. The kinds of information needed from

each registrant are outlined, along with the stages at which these data should be collected. Several aspects of identifying requests for skillsbank registrants are examined, including introducing the program to potential users and procedures for making requests. The referral and placement process is described in detail, with examples. The following information processing systems are depicted: card box and file drawer, keysort card, computer batch processing, and on–line computer. Also considered are neighborhood barter networks and techniques for integrating these organizations with skillsbanks. Sources of outside assistance are identified. The manual includes numerous publicity materials and forms used by operating skillsbanks. A comprehensive list of skill categories and sample forms for keysort and batch processing are appended. Final edition.

417. San Francisco Youth Advocacy Project, CA.
Status Offender Services in San Francisco.
May 81, 130p
SHR-0008311 Available NTIS PC $13.50/MF $4.00

This report analyzes both national and local (San Francisco, Calif.) status offender issues and programs and outlines a community–based alternative method for handling status offenders in San Francisco. Many community–based status offender programs have been developed throughout the country, and their results have led to decreased recidivism and costs and increased resolution of family problems. Most California counties have deinstitutionalized status offender services by providing shelter and / or crisis services in communities. The San Francisco Youth Advocacy Project intends to continue this deinstitutionalization process, to reduce juvenile court contacts, to increase the use of community–based services with a family focus, and to improve the cost effectiveness of status offender services. It proposes an alternative model for San Francisco since the city's current system is without a family focus and too oriented to criminal justice issues. The model focuses on the crisis, intake, and shelter aspects of the service system. The model's basic elements are (1) two decentralized community–based crisis intervention units that focus on family counseling and primary intervention, (2) a 20–bed foster network for status offenders, and (3) use of the city's Youth Guidance Center for youth awaiting placement who might be inappropriately placed in a community setting. This model places the system's entry point in a community–based setting, thus making it more accessible to families. The program would be more cost effective; it would increase staff and service capacity, while reducing cost by more than 30 percent. Cost information, endnotes, and about 50 references are appended. Tabular data are included. Author abstract modified.

418. Schindler-Rainman, Eva; and Lippitt, Ronald.
Building the Collaborative Community: Mobilizing Citizens for Action.
1980, 164p
SHR-0009271 Available from University of California, 4045 Canyon Crest Drive, Riverside, CA 92502.

This guide discusses strategies for promoting cooperative activities among public and private community groups and was based on several years experience in organizing conferences for 88 communities. Problems currently faced by local communities are reviewed, as are encouraging trends toward interdependence, more citizen involvement, and use of volunteer resources. Following a brief profile of the community conferences organized by the authors, the book outlines a model for planning and implementing a 2–day community conference. Various ways of initiating these sessions, planning processes, and potential difficulties are examined in detail. Case examples illustrate variations in local adaptations of the model. Findings from questionnaires completed by participants in 60 different communities are summarized.

418.

Planning for follow-through was a critical aspect of the preplanning activity, and some immediate successes were important elements in continuing motivation. Skills needed by leaders in a successful collaborative situation are discussed, as are ways these competencies can be learned. The consultant's role is also addressed. Several illustrations of potential collaborative activities are offered, such as a community planning effort growing out of an innovative adult education program and a governor's conference focusing on the development of citizen participation. Tools for collaborative meetings are appended, including instructions for facilitators, brainstorming guidelines, checklists, and references.

419. Schine, Joan; Shoup, Barbara; and Harrington, Diane.
National Commission on Resources for Youth, Inc., New York.
New Roles for Early Adolescents in Schools and Communities.
1981, 48p
SHR-0009207 Available from The National Commission on Resources for Youth, Inc., 36 West 44th Street, New York, NY 10036.

The Youth Participation program for early adolescents is described, including its background, case studies, and implementation. Several types of Youth Participation programs are especially well adapted to meeting young adolescents' needs. These are the day care youth helper program, in which young teens work in day care centers with preschoolers; internships, which afford opportunities for work with an adult who cares about the young person and about the work; and cultural history, in which young teens interview older adults to preserve a disappearing way of life or document with film and tape unique crafts and customs. Other types of Youth Participation programs include peer counseling, energy and conservation projects, building restoration, youth teaching youth, and service to the handicapped or the elderly. The role of the adult leader or facilitator is crucial in all Youth Participation programs. The facilitator must deal with the young teens' volatile nature, have a well-developed sense of humor, and flexibility. Youth Participation projects for early adolescents should involve planning (deciding what to do and how to do it), shouldering responsibility, and meeting challenges to serve real needs. These projects should include varied roles and activities, be short term or structured with a series of clear stages, have visible rewards, involve collegial relationships with adults, and have a structured environment allowing freedom and flexibility within clearly defined boundaries that the adolescents may share in establishing. Recommendations from an experienced practitioner are included. Footnotes, photographs, thumbnail program sketches, over 30 references, and addresses and names of contact people involved in the case studies are provided.

420. Schreiber, Marvin; and Guralnick, Phyllis.
Syracuse Univ., NY. All-Univ. Gerontology Center.
Program Planning for New Trends In Senior Centers.
Nov 81, 123p
SHR-0009123 Available from Syracuse University, All-University Gerontology Center, Syracuse, NY 13210.

As part of a training package for leadership personnel in senior citizen centers, this volume addresses new trends in services offered by these facilities. The first section on program planning discusses basic steps in program development and major approaches to planning. Because this monograph emphasizes meeting individual needs in a senior center, three types of elderly clients that exhibit different coping capacities are identified, along with program types that are responsive to their needs. Ways to involve both clients and other human service agencies in program development are outlined. A discussion of community relations covers using formal

and informal networks, using the tools of power and politics, and working with the community leadership on boards and as volunteers. Development of service needs should be approached from the base provided by standards adopted by the National Institute of Senior Centers in 1979, and any new services must be researched carefully before implementation. With these criteria in mind, the following approaches to practice areas are examined: advocacy, sources of funding for additional programs, evaluation, centers designed for minorities, rural senior centers, and programs to integrate the frail elderly into the multiservice center. Each chapter in the manual is accompanied by references and self-study questions.

421. Shipp, Carol.
Human Services Planning Council of Schenectady County, Inc., NY.
Social Accounting Report of the Human Services Planning Council.
Aug 81, 60p
SHR-0009252 Available from Human Services Planning Council of Schenectady County, Inc., 432 State Street, Room 220, Schenectady, NY 12305.

The social accounting report of the Schenectady Human Services Planning Council (HSPC) (New York) highlights specific ways in which HSPC has made an impact on the community. Information for the assessment was collected in face-to-face semi-structured interviews with people knowledgeable about the HSPC and in telephone interviews with 20 human service agencies. The separate studies undertaken relate to services to the elderly, housing needs of the elderly, battered women in Schenectady County, establishing the City Health Department as a Certified Health Care Agency, recreational opportunities for girls, adult protective services, and jail position papers. The roles addressed are those of information gatherer/provider, agency coordinator / networking, and needs assessor. The HSPC's role of involving the community in its activities and its relationship with the United Way, as well as with the information system of the HSPC, INFOLINE, are considered. The report shows that the chief strengths of the HSPC are in its functions as documentor of the community's needs, justifier of funds for community programs, consciousness raiser, and agency coordinator. The chief areas of weakness are lack of influence with public officials, lack of representation / participation of the consumer sector on committees and the Council's Board of Delegates, and lack of recognition given to community volunteers and agency professionals for the value of their contributions to HSPC studies and activities. Recommendations for activities of future HSPC undertakings include funding and publication of the present report, listing seminars sponsored by the HSPC, documenting media appearances, keeping lists of funds brought in and savings instituted, publicizing money-saving efforts, cultivating a working relationship with the County Board and public officials, recruiting consumer recruitment and board members, and expanding the Board member training program. A summary of report outcomes and sample instruments are supplied.

422. Smith and Wilburn Associates, Inc., Huntsville, AL.
Recommended Coordinated Service Approach for Selected Agencies. A Staff Memorandum.
Dec 80, 12p
SHR-0008818 Available from Birmingham Regional Planning Commission, 2112 11th Avenue South, Suite 220, Birmingham, AL 33256.

This memorandum is part of a continuing effort, initiated by the Birmingham Regional Planning Commission (BRPC) (Alabama), that focuses on coordinating transportation services provided by social service agencies. This memorandum identifies coordination possibilities that would improve use and cost efficiency of existing services. The recommended approach focuses on serving clientele first and prescheduling service

to the maximum extent. Agencies recommended for initial participation include the Red Cross, Cerebral Palsy, and Senior Aides Program. Clients of the first two agencies are handicapped persons who require transportation assistance for medical service on a regular basis. The Senior Aides serve elderly persons with medically oriented transportation needs on an intermittent basis. Clients of each agency were located on a map according to their home addresses. Each agency's clientele were grouped geographically in order to efficiently establish routes. The coordinated service will use a 14–passenger van owned by Cerebral Palsy, and free labor for vehicle maintenance will be donated by a local technical college. The report discusses scheduling and routes, administration of the program, the financial plan, and the implementation plan. Tables are provided. A route map and proposed schedule are appended.

423. Sproull, Robert L.
Cost-Effective Way to Spur Private Giving.
1982, 4p
SHR-0009361 Pub. in Harvard Business Review v60 n2 p62-66 Mar/Apr 82.

The president of the University of Rochester proposes that, to promote private donations to charitable organizations, business firms should be allowed to give their shareholders the option of foregoing one quarterly dividend, which the company would send to the charity of the shareholder's choice and would augment by an approximately equal amount from its pretax earnings. This option would not affect shareholders financially, because they would not receive the dividend and would not have the gift of the same amount to report as a deduction on their income tax return. Similarly, the corporation would pay to the charity the amounts it would have paid to the shareholder and the Internal Revenue Service. Thus, the corporation and all its shareholders would be left just as they are. However, the charity would receive a larger amount than it would have received from the shareholder, while the Internal Revenue Service would receive a lower tax payment than it otherwise would have received. The net effect is to produce less support for the Federal Government but more for the charity. This option matches the spirit of the tax laws, because their goal is to favor tax–exempt institutions with respect to the Federal Government. Legislation to clarify certain tax aspects of this option has been introduced in both the U.S. Senate and the House of Representatives. Several questions relating to the proposal's merits are discussed.

424. Storfer, Miles.
New York City Human Resources Administration. Office of Policy and Economic Research.
Medicaid Utilization by Public Assistance Recipients, New York City.
Nov 81, 35p
SHR-0009099 Available from Division of Policy and Economic Research, Human Resources Administration, 71 Worth Street, 4th Floor, New York, NY 10013.

This report provides data on Medicaid use and expenditures to public assistance recipients in New York City from April to September 1979. During 1980, New York City spent approximately $700 million on Medicaid services for families in the Aid to Dependent Children (ADC) program, children in Home Relief (HR) family cases, and adults in HR. This study analyzed a random sample of 439 ADC families containing 1,498 persons and 437 single–person HR cases drawn from the computerized files of the New York State Department of Social Services Medicaid Management Information System. During the study period, more than four–fifths of the ADC recipients and nearly three–fourths of the HR single adults obtained medical services through Medicaid. Outpatient physician services were used by the greatest number of ADC and HR recipients, followed by outpatient nonemergency care, emergency room services, den-

tal care, clinics, and inpatient hospital care. HR adults used more outpatient nonemergency and clinic services because of their needs for methodone maintenance, psychotherapy, and alcoholism treatment. Analysis of Medicaid expenditures showed that inpatient hospitalization was the costliest service, accounting for 46.9 percent of the expenditures for ADC recipients and 66.7 percent for HR cases. Thus, 5 percent of the recipients accounted for over half of the Medicaid expenditures. The average annual cost per eligible HR adult was $1,635 compared to $700 for an ADC adult and $400 for an ADC child. A review of inpatient hospital expenditures covers diseases treated, length of stay, and costs. HR adults generally required more frequent and lengthier hospital stays than ADC adults. A greater percentage of both inpatient and outpatient services was provided at nonpublic facilities. Footnotes and 17 tables are supplied. Technical appendices discuss the standard errors of the estimate of utilization rates and the sampling methodology.

425. Sugarman, Jule M.; Bass, Gary D.; and Beinecke, Richard H.
Human Services Information Center, Arlington, VA.
Citizen's Guide to Changes in Human Services Programs.
5 Sep 81, 111p
SHR-0009310 Available from Human Services Information Center, 1408 North Fillmore Street, Suite 7, Arlington, VA 22201.

This guide describes how President Reagan's proposals and subsequent congressional actions will change education, health, and other human service programs. Contrasting views on the Federal Government's role in serving and protecting persons less capable of helping themselves are summarized, followed by an overview of congressional reactions to the President's proposals. The book then discusses the impact of presidential plans to consolidate all Federal education programs into a single block grant with reduced funding and revisions made by Congress. Also detailed are changes in existing health care programs resulting from block grant consolidation, reduced administrative requirements, and revised funding arrangements. Other human service programs will not be restructured, but their administrative requirements have been changed and budgets reduced. In this category, the guide considers Title XX, the Community Services Block Grant, the Vocational Rehabilitation Act, domestic volunteer programs, Older Americans Act, Community Economic Development Act, child abuse prevention and treatment projects, and Head Start. Changes in employment, urban development, and housing programs are noted, although these primarily involve budget reductions. The final chapter addresses financial assistance programs, such as Aid to Families with Dependent Children, Medicaid, unemployment insurance, and social security. The appendices contain tables showing funding limits on human service programs set by the Omnibus Budget Reconciliation Act of 1981, a catalog of human service programs, selected provisions of the Economic Recovery Act of 1981, and tables comparing 1981 and 1982 funding distributions by State and program.

426. Syracuse Univ., NY. All-Univ. Gerontology Center.
Health Maintenance Organization (HMO) Services and the Aged.
Dec 80, 113p
SHR-0009131 Available from Syracuse University, All-University Gerontology Center, Syracuse, NY 13210.

This report presents findings from an August 1980 mail survey of 12 health maintenance organizations (HMO's) in New York State and from a household survey of 186 senior citizens in 2 central New York towns. The HMO survey was designed to assess the collective experience of the New York State HMO's serving the aged, while the second survey studied the aged's knowledge and behavior regarding health care

insurance and their use of health services, including HMO's. Of the 12 HMO's, 10 responded. Three of the plans were located in the New York City area, one was situated in Westchester County, and six in upstate New York. Membership in the plans ranged from 800 to 800,000. A fee–for–service component was offered by 80 percent of the places. Half the plans had existing contracts with Medicare, and all were reimbursed by Medicare on some sort of cost basis. Three plans had existing contracts with Medicaid (these were part of the five with Medicare contracts). Plans generally provided unlimited coverage for physician services, outpatient services, inpatient hospital services, and diagnosis laboratory services. Coverage for custodial or domiciliary care was excluded from all the plans. Most plans shared a relative lack of experience in servicing the aged. A major obstacle against enrollment of the aged in HMO's is reimbursement, largely attributable to the lack of fit between HMO and Medicare mandates. The household survey respondents were mostly white females. Nearly 40 percent were in their 70's and 83 percent lived alone. A total of 84 percent of the respondents reported that they had seen a doctor for treatment in the last 12 months, and 67 respondents (38 percent) had received care at a comprehensive ambulatory care facility having both a fee–for–service and a prepaid component. A total of 24 percent of the 36 who knew the term HMO also knew of the prepaid plan offered at this health care facility. Other findings pertain to assistance from family and friends and use of specific health services. Tables, notes, and appended survey instruments are included.

427. Texas Advisory Commission on Intergovernmental Relations, Austin.
Block Grants and Reductions in Categorical Aid Affecting State and Local Governments.
Apr 82, 41p
SHR-0009362 Available from Texas Advisory Commission on Intergovernmental Relations, PO Box 13206, Austin, TX 78711.

This report outlines the characteristics of the newly created Federal block grants and proposed changes in seven major categorical programs in terms of their potential impact on the State of Texas and its local governments. The report is designed to provide Texas State and local officials and citizens with a comprehensive summary of current budget developments in the Federal grant–in–aid system for fiscal years 1981 to 1983. A discussion of the President's fiscal year 1983 budget includes an overview of proposed changes to existing block grants as well as proposals to create several new block grants in the fields of education, employment, and such human services as alcohol and drug abuse services and maternal and child health. Results of a survey of the attitudes of Texas officials toward President Reagan's economic policies are also presented. State officials appear to be pleased with the trend toward reducing Federal regulations as shown in the structure of the new block grant program. However, both State and local officials fear that accompanying budget reductions are too large to compensate for the increased administrative flexibility. This concern has intensified as a result of Congress' authorization of an additional 4–percent budget cut in discretionary funds for fiscal year 1982 in response to President Reagan's request for further reductions. The increased reliance of Texas cities on Federal aid between 1967, when Federal aid amounted to 4.5 percent of total local revenues, and 1977, when it amounted to 16 percent of total local revenues, underscores how important Federal budget cuts may be to the cities. A comparison of the attitudes of Texas officials with those of Pennsylvania officials shows that Texas officials tend to view the Reagan administration's cutbacks much more favorably than do Pennsylvania city officials. Tables, charts, notes, appendix tables, and a bibliography listing 29 sources are provided. Author abstract modified.

428. Texas State Dept. of Human Resources, Austin. Research and Evaluation Div.
Innovations in Protective Services: Final Evaluation Report, September 1, 1980 through August 31, 1981.
30 Sep 81, 95p
SHR-0009139 Available from Research and Evaluation Division, Office of Research, Demonstration, and Evaluation, Texas Department of Human Resources, PO Box 2960, Austin, TX 78769.

This document contains evaluations, completed in 1981, of eight demonstration projects serving troubled adolescents, neglecting mothers, abused children, and children placed for adoption in Texas. Each report presents a project overview, the evaluation's purpose and methods, and a summary of the results. One project tried to improve the independent living skills and abilities of problem teenagers through a progression of shelters, group homes, and supervised apartment living. The Assertiveness for Neglecting Mothers Project used group therapy to improve self–esteem and teach assertiveness. Other evaluations focused on a mathematical model designed to identify client characteristics and situational variables on which successful child placement decisions could be based, and a cooperative program with private agencies to increase the adoption rate for children with special needs. Also assessed were a regionally based information system for protective services and the Waco Center for Youth Liaison Project, the first residential treatment center for emotionally and behaviorally disturbed children in the State. The final reports concern child sexual abuse services in rural east Texas and Taylor County. These efforts addressed reporting problems, community education, and treatment through a coordinated team of medical, legal, law enforcement, and mental health professionals. Charts, program materials, and evaluation instruments are included.

429. Thompson, Marie McGuire; and Donahue, Wilma T.
International Center for Social Gerontology, Inc., Washington, DC.
Planning and Implementing Management of Congregate Housing for Older People.
1980, 102p
SHR-0009021 Available from International Center for Social Gerontology, 425 13th Street NW, Suite 826, Washington, DC 20004.

This report discusses the principles of sheltered or congregate housing for the elderly and then offers guidelines on planning and managing such facilities. A brief orientation covers the goals, legislative bases, and estimates of the demand for congregate housing. An examination of criteria governing residents' eligibility emphasizes that young disabled persons should not be integrated into residences for the elderly. Federal funding sources for congregate housing are listed including programs established under the Congregate Housing Services Act of 1978. The following management planning tasks are reviewed: planning for services such as meals, household help, personal assistance, leisure services, transportation, and medical care; tenant selection; personnel policies; and staff patterns and training. The report recommends that a professional assessment committee be created to handle the selection process and details several measures that have been used to determine functional capability. The duties involved in managing and operating a congregate housing project are then described, beginning with the manager's responsibilities in arranging for assessment of applicants, organizing a supportive service system, planning for emergencies and security, and promoting good community relations. Also discussed are basic documents that a manager needs, financing strategies, and implementation of a planned congregate housing project. The sensitive issue of terminating a resident is explored. A brief survey of the manager's supervision and coordination tasks addresses security, problems associ-

ated with a resident's death, coordination of social services, fiscal management, and property care. Bylaws of a tenant council that has had a successful history are presented, as are references and a model for creating a stable population in congregate housing residences.

430. United States Conference of Mayors, Washington, DC.
Administering Aging Programs: Structuring an Office on Aging in City Government. Volume II.
Jan 81, 19p
SHR-0009353 Available from Aging Program of the U.S. Conference of Mayors, 1620 Eye Street NW, Washington, DC 20006.

This report identifies the major issues involved in determining the organizational location and structure for an office on aging in city government. The report is the second in a series of five publications designed to strengthen the capacity of cities to plan, administer, and manage programs that benefit older Americans, particularly those who are currently underserved. Specific factors that influence the range of administrative options available for structuring a city office on aging are discussed including the form of city government, the size of the city population the authority and responsibility for human services, and prior experience in human services. A review of the crucial issues related to establishing a city office on aging focuses on (1) administrative and programmatic issues such as funding, stability, staffing, planning, coordination, access services, and direct services; (2) political issues, including community visibility and citizen involvement; and (3) organizational issues such as the minimization of disruption to existing city services, ways to make maximum use of the experience and training of staff and offices within city government, authority, and staffing. Eight administrative options for locating an office on aging are discussed: (1) a mayor's office on aging, (2) a city council office on aging, (3) a city manager's office on aging, (4) a city department on aging, (5) an office on aging in a city department, (6) a commission or consortium on aging, (7) a special advisory council or task force on aging, and (8) an ombudsman position. A current example of the use of each option is given. Tables and charts are provided. See also volume I, SHR-0009325; volume III, SHR-0009326.

431. United Way of New Hampshire, Concord.
Poverty and Social Needs in New Hampshire: A County Data Book.
Dec 81, 201p
SHR-0009206 Available from New Hampshire Social Welfare Council, PO Box 1255, Concord, NH 03301.

This volume presents detailed descriptions and statistics on population characteristics and indicators of community health, economic health, and social cohesion in New Hampshire and in each of its 10 counties. The data were collected to provide a base of information from which to identify the State's priorities for social services. Data were gathered from county health and welfare council plans, reports from the Bureau of Vital Statistics, documents from the Office of State Planning, and materials from other State agencies. The indicators used for each major data category are explained, along with the major findings for each indicator. Descriptions of each county focus on demographic characteristics such as density and age distribution, the economic base, the extent of poverty, trends in such community health indicators as birth and death rates, and trends in such indicators of social cohesion as divorce and crime rates. Economic data tables for each county and the State show the numbers employed, numbers of employers, annual and weekly wages, family and per capita income, unemployment, property valuation, food stamp cases, projected jobs, welfare cases, and related data. Tables on health characteristics show birth and death rates, infant mortality, causes of deaths, numbers of developmentally disabled children, im-

munizations of children, cases of venereal disease, numbers of physicians and dentists, and health care facilities. Tables on indicators of social cohesion present the numbers and rates of marriages and divorces, cases of nonsupport, cases of child abuse and neglect, towns that have grown rapidly, crimes, arrests, and related data. Demographic tables give information on population growth, race, age, density, the receipt of public assistance, and other subjects. A bibliography lists over 150 references.

432. Villmoare, Edwin; and Bergman, James.
National Paralegal Inst., San Francisco, CA.
Elder Abuse and Neglect: A Guide for Practitioners and Policy Makers.
Feb 81, 180p
SHR-0009295 Available NTIS PC $16.50/MF $4.00

This manual reviews current research on elder abuse, presents intervention strategies and protocols, discusses model delivery systems and legislation, and provides information and materials for practitioner training and public education. Four research studies, conducted in Massachusetts, Maryland, Michigan, and Ohio, give strong support to the impairment / dependency theoryof the etiology of elder abuse.Major theories on the causes of elder abuse are highlighted, including internal family dynamics and acute impairment of the victim. A summary of "Behind Closed Doors," the first comprehensive national study of American family violence, covers the study's findings, causes and abuse, prediction of abuse, and ways to reduce family violence. Abuse identification, assessment, and management are examined, with attention to barriers to access; signs of abuse and neglect; characteristics of the abuser; abuse reporting; general and specific interviewing techniques; case assessment procedures; case referral, management, and planning; and placement outside the home. A discussion of legal issues and remedies covers victim access, confidentiality of client information, criminal court remedies, and protective or surrogate remedies. In addition, protocols for handling cases are reviewed. Developing State and community response systems (protective service systems and model abuse reporting and handling legislation) are given special attention, with emphasis on core services, current abuse reporting and handling laws, and recommendations for provisions in abuse reporting and handling legislation. Training and public education are considered, and Oregon's response to the problem is examined. Notes, case examples, and 18 references are appended.

433. Vineyard, Sue.
Finding Your Way Through the Maze of Volunteer Management.
1981, 64p
SHR-0009272 Available from Heritage Arts, 1807 Prairie Avenue, Downers Grove, IL 60515.

This reference guide to information on volunteer management is intended to assist individuals charged with directing volunteers in finding useful resources. Over 64 listings are presented of groups related to volunteer management / human services, with a brief description of purpose, services, publications, and contact information. A list of over 100 volunteer–related groups in 30 categories by acronym and actual title is also given. In addition, a list of over 125 books, periodicals, and reference works in 40 categories of human services and management with tips on how to locate information for further study is provided. The work also includes a list of graduate / undergraduate degree programs, seminars, courses, and certifications in volunteer management for 28 States, as well as contact information and course descriptions, published standards for human service and volunteer management, and a glossary of terms commonly used in the volunteer management field. Each chapter has an index along with a separate section for notes. Supplemental diagrams and an index are supplied.

434. Virginia Dept. of Welfare, Richmond. Div. of Social Services.
Reprogramming Social Services for the Eighties: A Family-Focused Approach.
Jun 81, 120p
SHR-0009090 Available from Virginia Department of Welfare, Division of Social Services, Blair Building, 8007 Discovery Drive, Richmond, VA 23288.

This study focused on the state of the art in the delivery of services to families with special emphasis on how the quality of services available to families in the Commonwealth of Virginia might be improved. The Family Services Task Force, created to carry out the study, used three methods to assess the provision of family–oriented services: a literature review, a survey sent to local Virginia agency directors, and on-site visits to selected programs. The task force identified 11 elements common to successful family–focused programs: a philosophical base; a legal and policy base; networking; local flexibility; staff development; public education; intake, assessment, and family goal planning; emergency / home–based services; volunteer services; program accountability; and incentive funding. The task force surveyed local directors to identify potential barriers to the development of a comprehensive family–centered approach to service delivery in their communities. Seventy–nine percent of the surveys were completed and returned, with 82 percent of the respondents indicating that lack of funds prevented the development of comprehensive family–oriented services in the State. Also, 42 percent cited the lack of a preventive approach to service delivery as being a major barrier. Other barriers were lack of coordination and communication among community groups and policy and legal barriers. Recommendations in the 11 identified critical areas are offered to agencies to help overcome these barriers and implement a family–centered approach to service delivery. Survey results, a catalog of programs, and a family services bibliography are appended.

435. Virginia State Dept. of Intergovernmental Affairs, Richmond. Office on Volunteerism.
Handbook on Volunteer Management in Public Welfare.
1978, 58p
SHR-0009084 Available from Virginia Department of Welfare, Division of Social Services, Blair Building, 8007 Discovery Drive, Richmond, VA 23288.

This handbook provides a working outline for local welfare departments in Virginia interested in establishing an integrated system of volunteer services. Volunteer programs enable welfare agencies to implement new programs or meet current workloads in an era of stringent budgets and can promote understanding among middle–class and upper–class people about the problems associated with the welfare system. Examples of successful volunteer programs are presented, followed by a review of the jobs volunteers can perform and State agencies that offer assistance concerning volunteerism. This six–phase plan begins by identifying the need for volunteer services from both client and staff perspectives and then addresses the steps necessary to establish a program, including administration, the volunteer coordinator position, staff orientation, job descriptions, and recordkeeping procedures. Activities involved in implementing the volunteer services are discussed, with attention to recruitment, screening, and training. A section on daily operations covers standardized recordkeeping and monthly reports, supervision, and recognition of volunteer efforts. Finally, methods to evaluate and modify the program are detailed. The appendices contain the 1977 Virginia law supporting volunteer services in State agencies, sample job descriptions, recordkeeping forms, a needs assessment questionnaire, and other supplemental materials on volunteerism.

436. Voth, Donald E.; and Jackson, Virginia N.
Center for Responsive Governance, Washington, DC.
Evaluating Citizen Participation: Rural and Urban Community Development.
1980, 39p
SHR-0008874 Available from Center for Responsive Governance, Publications, 1100 17th Street NW, Suite 313, Washington, DC 20036.

Attempts to evaluate the success of programs to foster citizen participation in community development in both rural and urban settings are reviewed. Rural community development programs have existed in the United States since the founding of the Cooperative Extension Service and related land grant university activities in 1908. In the 1960's emphasis shifted from rural to urban–oriented projects, although rural development emerged again in 1972 with passage of the Rural Development Act. The urban community development movement has taken the form of the Chicago Neighborhood Organization for social action, the Urban Renewal Program, the Ford Foundation Grey Areas Projects, the President's Committee on Juvenile Delinquency and Crime, and the War on Poverty and Community Action. More recent forms of action in the 1960's and 1970's have been the Model Cities Program, the Community Development Block Grant Program of 1974, and private community development corporations and advocacy groups. While rural community development has seldom been seen as social reform, radical social change has been a major tenet of urban community development. Whereas rural community development has emphasized consensual decisionmaking, urban community development has been characterized by advocacy. In contrast to rural citizen development, urban community development has undergone extensive evaluation that considers the role of citizen participation. Principal areas of research reviewed are conceptualization of the process to be evaluated, selection of appropriate research designs, and use of research. Empirical evaluation suggests that federally stimulated citizen participation in community development, designed to achieve social reform in local communities, was tried and quickly abandoned in the 1960's because it cannot be easily managed for policy purposes even if it does improve community services. As a consequence, governmentally sponsored citizen participation is extensive but is so narrowly conceived as to be virtually meaningless. Private sector mobilization unfortunately reflects the existing social structure and cannot affect government institutions. As virtually nothing is known about long–term effects of citizen participation, research is suggested using comparative designs and longitudinal techniques for following up both communities and individuals for an extended period. A bibliography is supplied. Working Paper Series WPS-80-01.

437. Wagner, Sara B.; Thum, Denise; and Bagley, Martha.
JWK International Corp., Annandale, VA.
Exploratory Study of Senior Centers. Final Report (Volume I): Field Study Report.
Jul 81, 155p
SHR-0008806 Available NTIS PC $15.00/MF $4.00

This report describes and compares a range of senior center programs as part of a study intended to determine the role of the centers in the provision of health and human services to older persons. The study grew out of a "Service Delivery Assessment" conducted by the Office of the Inspector General of DHHS. Data were gathered through informal discussions with 35 persons, including government officials, national leaders in the senior center field, State and area agency directors, and others. Site visits were made to 32 centers to study their operations, and a mail questionnaire was completed by 39 centers. Data collection was conducted between October 1980 and April 1981. The 39 centers surveyed reported that they provide

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congregate meals, recreation, socialization / transportation, and health screening. Annual budgets ranged from $19,000 to $1.4 million. Five of the centers receive no Federal funds, and eight reported that Federal monies represent at least 75 percent of their funding. Almost all of the 32 centers visited offer six nonspecialized services for the frail elderly. These services are transportation, health screening, information and referral, home delivered meals, friendly visiting, and homemaker services. The centers reported having service linkages and other collaborative arrangements with mental health agencies, public health departments, and public social service agencies. As a result of Federal funding, the centers have been able to expand the scope and size of their programs and to improve their physical facilities. Tables, footnotes, and an appendix presenting the data collection instruments are included. See also related documents, volume II, SHR-0008807; volume III, SHR-0008808. Author abstract modified.

438. Wagner, Sara B.; Thum, Denise; Denton-Ade, Cynthia; Green, Zena N.; and Weinberg, Lenore S.
JWK International Corp., Annandale, VA.
Exploratory Study of Senior Centers. Final Report (Volume II): Case Study Reports.
Jul 81, 138p
SHR-0008807 Available NTIS PC $13.50/MF $4.00

Detailed case studies of 13 senior centers observed during site visits are presented as part of a study intended to determine the role of the centers in the provision of health and human services to older persons. The study grew out of a "Service Delivery Assessment" conducted by the Office of the Inspector General of DHHS. The case studies are organized into two groups: studies of six centers with densely populated service areas (urban centers) and studies of seven centers that serve sparsely populated areas (rural centers). The 13 case studies are based on information obtained through the site visits and mail questionnaires completed by the centers. Each case study describes the center; discusses its development, including the effects of Federal funding; examines the center's relationships with service and planning agencies, including community–based service providers; discusses the center's contribution to the informal support network; and looks at the center's services for the frail elderly. All of the centers receive Federal support, typically Older Americans Act funds. See also related documents, volume I, SHR-0008806; volume III, SHR-0008808. Author abstract modified.

439. Wagner, Sara B.; and Miller, Carolyn.
JWK International Corp., Annandale, VA.
Exploratory Study of Senior Centers. Final Report (Volume III): Policy Options Report.
Jul 81, 70p
SHR-0008808 Available NTIS PC $9.00/MF $4.00

This final report of a study to determine the role of senior center programs in the provision of health and human services to older persons identifies and discusses the advantages and disadvantages of Federal involvement in senior centers. The overall study grew out of a "Service Delivery Assessment" conducted by the Office of the Inspector General of DHHS. Data were collected through interviews, site visits to 32 centers, and mail questionnaires completed by 39 centers. Particular attention was directed toward center services for frail elderly persons. Policy options were examined in the following areas: Federal funding and senior centers, State units on aging and senior centers, area agencies on aging and senior centers, community focal points for aging services, congregate meals programs, home–delivered meals programs, accountability, and the centers and the frail elderly. Four levels of service currently provided to older people by senior centers are identified and discussed. All of the study centers were

found to provide Level 1 services, which include recreation, health screening, counseling, and other activities. Most of the study centers provide Level 2 services, which include such services to the homebound as information and referral, meals on wheels, and home repair. Level 3 services, home health services and formal case management, are less often provided directly by the centers. Level 4 service, adult day care, also is not often provided directly by senior centers. Federal policy in relation to senior centers must allow for the grass roots nature of center development and centers' inherent diversity. Government probably should not favor a particular means of reaching its goals unless this instrument is the most effective approach. It is important to note that the diversity of senior centers reflects the disparate objectives of the Older Americans Act. The Government should focus on providing guidance and technical assistance to help localities meet their goals. Footnotes are included. See also related documents, volume I, SHR-0008806; volume II, SHR-0008807. Author abstract modified.

440. Warner-Reitz, Anne; Grothe, Carolyn; and Dunn, Tedi.
Meals for Millions/Freedom From Hunger Foundation, New York.
Healthy Lifestyle for Seniors: An Interdisciplinary Approach to Healthy Aging.
Nov 81, 484p
SHR-0009186 Available from Meals for Millions/Freedom From Hunger Foundation, 815 Second Avenue, Suite 501, New York, NY 10017.

This manual provides step–by–step guidelines for developing and implementing holistic, self–help health care classes and programs to enable elderly persons to improve their physical, mental, emotional, and spiritual health and well–being by adopting healthier attitudes and behaviors and by making significant lifestyle changes. The manual is intended for practitioners, administrators, educators, and planners in such settings as senior centers, day care facilities, board and care homes, adult education settings, and hospitals. The guidelines are based on the experience of the Healthy Lifestyle for Seniors Project, which began its first program in 1978. Instructions on organizing a program cover holistic health concepts; their application to an interdisciplinary, self–help health program; and the development of the policy regarding program administration and implementation issues such as staffing, screening, recruitment, and insurance. A presentation of curriculum approaches and content covers the development of objectives, educational methods, and the formal integration of the curriculum. The goals and content of the curriculum are discussed for each of the four components: health monitoring, nutrition, exercise, and stress management. Concepts and techniques of program evaluation are also explained. Evaluation instruments and procedures, evaluation issues and programs, and suggestions for adapting the text's evaluation model are given. The benefits and central characteristics of the lifestyle change model used as the basis for the program are also discussed. Lesson plans, tables, a list of 64 references, and appendices presenting sample publicity materials, program forms, and related materials are provided. Program Development Manual.

441. Washington, Robert O.; Rindfleisch, Nolan J.; Toomey, Beverly; Bushnell, Jon; and Pecora, Peter J.
Ohio State Univ., Columbus. Coll. of Social Work.
Project Report, Volume I. A Report of the Ohio-Wisconsin Children's Services Training Needs Assessment Project.
Jun 79, 216p
SHR-0008412 Available from Ohio State University, College of Social Work, Stillman Hall, Columbus, OH 43210, Attn: Nolan Rindfleisch, Ph.D.

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This report contains a full description of the project design, development, and test of a package of training needs assessment instruments in Ohio and Wisconsin. The project sought to develop a set of instruments for assessing the training needs of front line child welfare workers. The project developed a combination of needs assessment methodologies and produced a model for conducting a training needs assessment consisting of planning, designing, implementing, and utilizing phases. Survey instruments were designed including a key informant survey guide, a front line worker's questionnaire, and a supervisor's questionnaire. Additional products were a job analysis manual and a model for using the above questionnaire, a training needs indicator model and an indicator's profile form, and a model of training needs assessment components in a staff development information system. Also developed were procedures for using some alternative methods of group decisionmaking to identify problem areas, prioritize training needs, and set training objectives. Two final products were a guideline for utilization of a training needs assessment in staff development program planning and a manual for integrated use of the package. The report states the problem and the plan, describes children's services and staff development in the two States, and summarizes inputs from practitioners on the project task force and from sample counties in the States. A needs assessment state of the art is provided and the methodology reported for the development of the survey instruments. Testing of the instruments and analyzing the results for prioritization and objective setting are also described. The resulting training needs indicator profile is offered as a sample and staff development information system suggestions are made. Tables, graphs, and a bibliography of 42 items are given. See also related documents, SHR-0008413—SHR-0008416.

442. Washington, Robert O.; Rindfleisch, Nolan J.; Toomey, Beverly; Bushnell, Jon; and Pecora, Peter J.
Ohio State Univ., Columbus. Coll. of Social Work.
Project Report, Volume II. A Report of the Ohio-Wisconsin Children's Services Training Needs Assessment Project.
Jun 79, 431p
SHR-0008413 Available from Ohio State University, College of Social Work, Stillman Hall, Columbus, OH 43210, Attn: Nolan Rindfleisch, Ph.D.

This volume is an appendix to a comprehensive project report concerned with developing training needs assessments of workers in children's services in Wisconsin and Ohio. The volume outlines the procedures followed in forming a statewide Ohio task force, which was assembled to assist the project's early phases as part of the planning mechanism. The composition of the task force and procedures for selecting candidates and enlisting their participation are delineated. Agendas and meeting schedules are included, as is a list of the task force membership. It is emphasized that the membership was representative of public children's services personnel at State, district, and local levels including supervisory and front line staff from local agencies, as well as representatives of public and voluntary groups with an interest in the delivery of children's services. Other appendices in the volume are core task statements, and a series of survey instruments developed by the project. The latter include the key informant survey guide, the front line worker's questionnaire, the supervisor's questionnaire, task/knowledge validation, and prioritizing materials. Results of the key informant survey are briefly summarized. See also related documents SHR-0008412; SHR-0008414—SHR-0008416.

443. Wells, Susan J.
California Univ., Los Angeles. Region 9 Child Welfare Training Center.
Case Management and Child Welfare.

Sep 80, 11p
SHR-0009184 Available from UCLA School of Social Welfare, Region 9, Child Welfare Training Center, 405 Hilgard Avenue, Los Angeles, CA 90026.

This paper attempts to clear up the confusion encountered in reviewing the literature on case management (CM). It examines the dilemmas of putting knowledge into practice and determines the actual benefits that can be derived from good CM. The most commonly explored elements of CM are interagency coordination, intra-agency decisionmaking, and standardized information systems. Essential characteristics of CM coordination are identified as standardized intake; a broad needs assessment; a time-limited, rational, and comprehensive service plan; continual monitoring of progress with changes in the plan as needed; and case advocacy. Additional facets that are often suggested are outreach, a written contract with the client, systematic recordkeeping, use of natural helping networks, a one-to-one relationship with the client, termination, and followup. The renewal of casework awareness represents a continuing effort to fill gaps in service, prevent wasteful overlapping, provide the best service for the dollar, and ensure some form of accountability. One of the principal aims of CM is that it be beneficial to the consumer. It is meant to take the burden for making the system work off the client and put it back on the system itself. The goals for the client are to support family stability and reduced separation; to ensure speedy rehabilitation and reunification; to guarantee permanency for children; and to facilitate independent living if that is the best solution. In order to serve the consumers, the efficient functioning of the system must be balanced with the needs of the people served. Issues that administrators and educators must deal with include determining the elements of good CM, the requisite skills for implementing a quality CM system, the barriers to implementation, ways in which agencies can facilitate CM, and realistic goals of the practice. A total of 26 notes are given.

444. White, Michelle J.
Urban Inst., Washington, DC.
Nonprofit Firms in a Three Sector Economy.
1981, 181p
SHR-0009092 Available from The Urban Institute, 2100 M Street NW, Washington, DC 20037, order number URI32700.

These research papers examine the nonprofit sector, with attention to both interrelationships among nonprofit, for-profit, and public sectors and issues relevant for public policy. Two papers investigate differences in production techniques and entrepreneurship among nonprofits, for-profits, and public sector firms in the same industry. The first focuses on museums and finds nonprofit firms choosing inefficient production techniques relative to for-profits and thereby incurring greater cost. This is because managers of nonprofit museums cannot be compensated according to the net earning of the museum and are less likely to undertake policies that will increase the museum's net earnings. Also, nonprofits are insulated from the discipline of the market. The second paper focuses on a variety of social service agencies and views nonprofits as attracting dedicated entrepreneurs who often have a strong commitment to a particular philosophy of social service delivery but only a secondary interest in financial reward. A paper dealing with the relative size of the nonprofit versus the public sector within an industry develops a model, based on the theory advanced by Weisbrod (1975), that the voluntary nonprofit sector can "starve" the public sector and thus subsidies of nonprofits should be of concern. Another paper models the supply of volunteer labor to nonprofits, and another focuses on government grants to nonprofits, raising the issues of whether grants to nonprofits cause a decrease in private donations. Other studies investigate the behavior of citizen interest lobby groups for stronger environmental protection and analyze the exemption of nonprofits from the corporate tax, arguing that the "net revenues" of "nonprofits" could be taxed.

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Footnotes, references, tables, and graphs accompany many of the papers. COUPE Papers on Public Economics, Volume 6. The papers in this volume were presented at the Spring 1980 meeting of the Committee on Urban Public Economics. Author abstract modified.

445. Whiteneck, Gale G.; and Larson, Carl E. Denver Regional Council of Governments, CO. Office on Aging.
Aging Services Program Impact and Needs Assessment.
May 81, 58p
SHR-0009006 Available from Denver Regional Council of Governments, 2480 West 26th Avenue, Suite 200B, Denver, CO 80211.

An aging services impact and needs assessment was conducted to improve the planning of the Denver Regional Council of Governments (DRCOG) program for older persons. A random sample of 600 elderly persons (age 60 and over) were interviewed in the 8 counties of Colorado Planning and Management Region III using a critical incident survey technique. They were asked to describe specific problems they had encountered and any assistance they received. The interview also reviewed DRCOG–funded programs and sought incidents where these programs assisted older persons with their problems. The study addressed several major questions, including the types of problems encountered by older persons, the differences in the types of problems encountered by various demographic subgroups in the region, and ways in which older persons respond to their problems and sources of assistance they use. Of the 600 persons interviewed, 11 percent reported no significant problems for which they need or would like to have had assistance, and the rest described 904 problems. The survey found that the most prevalent problems of older persons concerned health and finances. Other significant problem areas involved emotional states, transportation, housing, safety/crime, and dependency. Older persons reported receiving some assistance with 57 percent of their problems. Sources of assistance were mainly family, friends, health care professionals, and human service programs. After reviewing the programs funded by DRCOG, 18.5 percent of those interviewed were able to recall and describe specific problems assisted by DRCOG programs. Among the DRCOG programs, senior centers were the most frequently used and the most frequently cited as helpful. A total of 88 percent of the older persons who had used DRCOG programs said they were highly satisfied with the services received. The report concludes that the assessment data reflect a generally positive evaluation of DRCOG. The DRCOG–funded programs are providing about one–third of all programmatic assistance to the elderly in the region. Recommendations include strengthening or maintaining DRCOG's support of senior centers, maintaining or strengthening DRCOG's support for problem detection programs, and increasing the health emphasis in DRCOG programs. Tables and figures are provided. Study data and instruments are appended.

446. Wisconsin Dept. of Health and Social Services, Madison.
Discussion of the Community Options Program.
Mar 81, 68p
SHR-0008672 Available NTIS PC $9.00/MF $4.00

The Community Options Program in Wisconsin is designed to ensure more complete and coordinated assessments of the physical, emotional, and social needs of chronically disabled persons; to ensure better linkage between institutional health and community service delivery systems; and to improve the ability of county agencies to mobilize and package diverse community services that can serve as effective alternatives. The Community Options Program is potentially available for all people with chronic disabilities who are facing the prospect of nursing home care or who are already in nursing

homes or State centers for the developmentally disabled and want to return to the community. Services provided through this program will be no more expensive than nursing home care and most likely will cost less. The program should increase the capacity of counties to target flexible resources for helping people to live in the community. The single most important reason for the program is to assist elderly and disabled persons to lead lives in the community with as much dignity, value, and independence as possible. The report describes the Community Options Program in detail and lists questions and answers to explain why certain approaches have been taken in the design of the program. The comments illustrate different ways in which the program might be tailored to the situation in individual counties. Minimum funding allocations for counties, examples of diversion, and proposed statutory language are appended.

447. Wisconsin Dept. of Health and Social Services, Madison. Bureau of Evaluation.
Evaluation of the Implementation of the Child Abuse and Neglect Act: County Department of Social Services Component.
Jun 81, 167p
SHR-0008678 Available NTIS PC $15.00/MF $4.00

This report discusses the implementation of the Wisconsin Child Abuse and Neglect Act (S48.981)at the county department of social services (CDSS) level. This study was conducted through a survey of all CDSS caseworkers and protective services supervisors who had investigated, served, or provided case management to a child abuse or neglect–related case during 1980 or at the time of the survey in January and February 1981. In addition, 284 CDSS child abuse and neglect case records were reviewed by teams of county, regional, and central office staff. Substantive changes in S 48.981 are recommended. These include changing the purpose of the investigation of reports of child abuse or neglect from determining whether the report is "indicated" or "unfounded" to whether a child is in need of protection or services or whether an ongoing need for services exists. Moreover, the Central Registry should be eliminated. Comprehensive due process safeguards, including the right to challenge and correct information, should be established for personal information that is collected, maintained, and disseminated by CDSS as a result of investigations of child abuse and neglect reports. These recommendations are meant to change the nature of CDSS investigations from quasi–legal and potentially adversarial to helping. Reporting of suspected child abuse or neglect would continue, but as a means of identifying potentially at–risk children. Additional and ongoing inservice training in the specialized area of child abuse and neglect is recommended for all those who work with such cases. Tables and appendices giving study instruments, case record review protocol, and other related materials are included. Author abstract modified.

448. Young, Debbie; and Bigelow, Douglas A.
Oregon State Dept. of Human Resources, Salem. Program Analysis Section.
Impact of a Case Management Program.
Jul 81, 104p
SHR-0009246 Available from Program Analysis Section, Oregon Mental Health Division, 2575 Bittern Street NE, Salem, OR 97310.

This report evaluates a case management program for the chronically mentally ill discharged from State hospitals in Oregon into the community. Using hospital utilization ratings, client interviews, and interviewer ratings, this study compared two groups of mentally ill persons who had been discharged between June and October 1980: 21 individuals receiving case management services from the mental health department that were distinguished by their

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aggressive outreach, comprehensiveness of treatment goals, and small caseloads and 21 persons who were eligible for the program but had not participated. Both groups were composed of slightly more males and were predominantly white and unmarried. Analysis showed that the case managed group demonstrated far less hospitalization than the comparison group and had significantly fewer irregular discharges once rehospitalized. They also lived in more desirable environments in terms of physical conditions and supportive structures, had better daily living skills, fewer financial problems, and more employment-related services. Tests indicated that case managed clients experienced less psychological distress and a greater sense of well-being than comparison clients, probably because of better medication monitoring and more mental health services. Other areas where the case managed individuals were more successful included structuring daily time, ability to get around the community, and social supports. In conclusion, the case management approach appeared to be very effective. Tables and references are included.

449. Zaki, Gamal; and Zaki, Sylvia.
Rhode Island Coll. Gerontology Center, Providence.
Day Care as a Long-Term Care Service: Study.
15 Feb 82, 185p
SHR-0009282 Available from Rhode Island College Gerontology Center, 600 Mt. Pleasant Avenue, Providence, RI 02908.

The study examines types of day care available to the elderly in the catchment area of the Southeastern New England Long-Term Care Gerontology Center (SNELTCGC) and their function within the local treatment network. The study consists of a survey of literature, a survey of day care centers in the catchment area, development of data collection techniques, data collection, and data tabulation, analysis, and interpretation. After outlining the history of day care to the elderly and defining terms, the study compares features of the various centers (i.e., physical facilities, admission criteria, intake and review procedures, participant profiles, center characteristics, budgets and financial resources, staffing, services, daily activities, and the centers' relationships with families and community agencies). The data suggest that there is a clear identification of the day care centers as an integral part of the network of long-term care services. But the centers have not, as hoped, developed as a viable alternative to institutionalization. Instead, they appear to have become a natural extension to the nursing home, leading to confusion and an identity crisis. In some cases, the integration of the staff and services of the nursing home and the day care center is an impediment to the development of a valid structure. Selection criteria for admission vary from center to center, but a tendency among centers to take any clients over 16 years old suggests a need for reassessment of the appropriateness of such a diverse client mix. The quality of services offered also varies widely, depending on admission criteria for clients and available staff. It is concluded that the centers must establish their identity as free-standing agencies, working carefully with day care agencies, community agencies, and families to maintain the support systems of clients. SNELTCGC should play a vital advocacy role in instituting standards and Medicaid guidelines for such centers, in identifying linkages between components of the long-term care services, and in developing mechanisms for providing information to the public. References, tables, appendices, and a bibliography of over 300 citations are supplied.

450. Zimmerman, Joseph F.
State Response to Local Problems.
1981, 102p
SHR-0008524 Available NTIS PC $12.00/MF $4.00

The States have played one or more of three roles—inhibitor, facilitator, and initiator—

relative to the solution of local government problems. The State, through constitutional restrictions, has acted as an inhibitor of the creation of general purpose metropolitan governments and the solution of areawide problems in several States. However, many States have acted to facilitate the formation of metropolitan governments by authorizing the creation of study commissions and by placing the question of creating an areawide government on the referendum ballot. States also have empowered local governments to enter into intergovernmental agreements designed to solve the problems and by providing technical and financial assistance to local governments desiring to enter into cooperative agreements. In the 19th century, Massachusetts and New York acted as initiators of the formation of metropolitan governments. In the 20th century, only Indiana has ordered the creation of a general purpose areawide government and not allowed voters to decide by referendum. The tightening of incorporation standards, liberalization of annexation statutes, and creation of boundary review boards have been important developments in several States during the past 20 years. A related development is the increasing use of preemptive powers by the State legislature. The urbanized States undoubtedly will become more deeply involved in solving metropolitan problems through direct State action and standard setting during the next decade. This will be due, in part, to the Federal Government's prodding as it continues to rely upon the States to develop and implement programs meeting Federal environmental standards. A total of 163 notes are appended. Presented at the Maxwell Graduate School of Citizenship and Public Affairs, Syracuse University, March 24, 1981. Author abstract modified.

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